

FILED

Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED Feb 02 1998 8:00am Secretary of State	
DOCUMENT # 220308 (1) 1. Corporation Name TROVILLION & DAUGHERTY, INC.							
Principal Place of Business 665 HAROLD AVE. SUITE A WINTER PARK FL 32789 US				Mailing Address P O DRAWER 1820 WINTER PARK FL 32790 US			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24				2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29			
9. Name and Address of Current Registered Agent DAUGHERTY, RICHARD E., II 665 HAROLD AVE. SUITE A WINTER PARK FL 32789				3. Date Incorporated or Qualified 02/14/1959 4. FEI Number 59-0883046 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.				DATE (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PT NAME DAUGHERTY,RICHARD E.,II STREET ADDRESS 665 HAROLD AVE., SUITE A CITY-ST-ZIP WINTER PARK, FL 0 13				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: B E D NATURE: CRAB 1-7-98 407-144-1318