FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT 1998 DOCUMENT

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

573948

(7)

SPRAGUE AND JESKE, P.A.

Principal Place of Business Mailing Address				188	INT MITER IRDAN ITIIN INEIS NINALIANI	. #5841 GIBII #1#14 (BIBIT BINII BIBIL (20)	
1904 E. Busch BLVD. Tampa Fl 33612	1904 E. BUSCH BLVD. TAMPA FL 33612				DO NOT WRITE	IN THIS SPAC	Œ.	
				3. Date in	ncorporated or Qualified			
					05/30/1978			
2. Principal Place of Business	<u> </u>	2a. Mailing Address		4. FEI Nu			Applied For	
21	26			59-	<u>-1826916</u>		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certific	cate of Status Desired	1 ('	3.75 Additional Fee Required	
City & State	City & State				on Campaign Financing Fund Contribution		5.00 May Be Added to Fees	
Zip Country	Zip 29	30 Cou	ntry	1	orporation owes or has paid			
g. Name and Address of	10, Name	10. Name and Address of New Registered Agent						
SPRAGUE, PATRICK F.			81	Name				
1904 E. BUSCH BLVD. TAMPA FL 33612				Street Address (P.O. Box Number is Not Acceptable)				
			83					
			84	FL				
 Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent, I am familiar with, and accept the 	e State of Florida. Such change was	authorized	vd b	the corporation's board of	its this statement for the pu f directors. I hereby accept	irpose of char the appointm	iging its registered ent as registered	
CIONATINO								

	Signature, typed or printed name of registered agent and little if a		: Registered Agent signature requ	ired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFF		ICERS AND DIRECTOR	
TITLE	STD	DELETE	1.1 TITLE		Change	Addition Addition
NAME	SPRAGUE, PATRICK F.		1.2 NAME			
STREET ADDRESS	13920 SHADY SHORES		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		1.4 CITY - ST - ZIP			<u> </u>
TITLE	PD	DELETE	2.1 TITLE		☐ Change	Addition
NAME	JESKE, PAUL T.		2.2 NAME			
STREET ADDRESS	3211 STONEYBROOK LANE		2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		2. 4 CITY - ST - ZIP	·-		
TITLE		DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4,1 TITLE		Change	Addition
NAME			4, 2 NAME			
STREET ADDRESS			4,3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5,4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			

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 of an attachment with an address.

SIGNATURE:

FILED

Jan 16 1998 8:00am

Secretary of State