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Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H71750** **(4)**

1. Corporation Name
KANE, SINGER, PLANCK, DONOGHUE, CLARK & MIXSON, P.A.

Principal Place of Business	Mailing Address
% THOMAS G. KANE 1286 S. FLORIDA AVE.#1 ROCKLEDGE FL 32955	% THOMAS G. KANE 1286 S. FLORIDA AVE.#1 ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1985

4. FEI Number: 59-2562499 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 c/o THOMAS G. KANE	26 c/o THOMAS G. KANE
Suite, Apt. #, etc. 22 1329 BEDFORD DRIVE, Ste. 1	Suite, Apt. #, etc. 27 1329 BEDFORD DRIVE, Ste. 1
City & State 23 MELBOURNE, FL	City & State 28 MELBOURNE, FL
Zip 24 32940 Country 25 USA	Zip 29 32940 Country 30 USA

9. Name and Address of Current Registered Agent

KANE, THOMAS G.
1286 S. FLORIDA AVE,#1
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1329 BEDFORD DRIVE
83 Suite ONE
84 City MELBOURNE FL 85 Zip Code 32940

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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.

SIGNATURE _____ THOMAS G. KANE
Signature, typed or printed name of the following corporate officer applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	KANE, THOMAS G.		1.2 NAME		
STREET ADDRESS	1286 S. FLORIDA AVE,#1		1.3 STREET ADDRESS	1329 BEDFORD DRIVE, Suite ONE	
CITY-ST-ZIP	ROCKLEDGE FL		1.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			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		

CR2E034 (10/97)

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: _____ THOMAS G. KANE 2/4/98 407-254-2280