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

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g. Name and Address of Current Registered Agent

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J11248

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RAYMOND, J. PAUL 400 CLEVELAND ST.

**CLEARWATER FL 33515** 

(8)

DAY CREEK CORPORATION

Feb 04 1998 8:00am
Secretary of State

Personal Property Tax due June 30.

Street Address (P.O. Box Number is Not Acceptable)

10. Name and Address of New Registered Agent

Yes

**FILED** 

Principal Place of Business Mailing Address							
% GEORGE A. MORRIS. M.D. 1011 JEFFORDS STREET SUITE C CLEARWATER FL 34616-4023 US		GEORGE A MORRIS MD 1011 JEFFORDS ST ST C CLEARWATER FL 34616 US		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified			
				04/25/1986			
2. Principal Place of Business		2a. Mailing Addr	ess	4. FEI Number		Applied For	
न		26		59-2675929		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #,	etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Regulred	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has	paid the cu	urrent year Intangible	

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84 City FL 85 Zip Code

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

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office or re agent. I ar	e <b>giste</b> red agent, or <b>bo</b> th, in the State of in f <mark>amili</mark> ar with, and <b>a</b> ccept the obligation	Florida. Such change was au ns of, Section 607.050 <mark>5, Flo</mark> r	uthorized by the corpora ida Statutes.	tion's board of directors. I hereby accept the appointment a	s registered
SIGNATURE					
	Signature, lyped or printed name of registered agent a		Registered Agent signature requi		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE	PD	☐ DEI.ETE	1.1 TITLE	☐ Change	Addition
NAME	Morris, George		1.2 NAME		Ì
STREET ADDRESS	1011 JEFFORDS ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
TITLE	V\$T	☐ DELETE	2.1 TITLE	Change	☐ Addition
NAME	WILLIAMS, FRANK		22 NAME		
STREET ADDRESS	1211 REYNOLDS AVE		23 STREET ADDRESS		ł
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY - ST - ZIP	_	
TITLE	Ď	☐ DELETE	3.1 TITLE	Change	☐ Addition
NAME	WILLIAMS, FRANK		3.2 NAME		
STREET ADDRESS	1211 REYNOLDS AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4. CITY-ST-ZIP		
TITLE	<b>8</b> .	☐ DELETE	4.1 THTLE	☐ Change	☐ Addition
NAME	raymond, J. Paul		4. 2 NAME		Ì
STREET ADDRESS	400 CLEVELAND ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 C(TY - S1 - ZIP		
TOTLE		DELETE	5.1 TITLE	Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 DITY-ST-7IP		
TITLE		☐ DELETE	6.1 TITLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. Thereby 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 footing of students are 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 allocation with an address.

CIONATURE

1-12-98 812 11116 5995