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

FILED Mar 10 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # BOB MOATES, P.A. Principal Place of Business Mailing Address 4082 BELAIR LANE 4082 BELAIR LANE SUITE #20 SUITE #20 DO NOT WRITE IN THIS SPACE NAPLES FL 34109-3568 NAPLES FL 32949-3500 3. Date Incorporated or Qualified 10/31/1988 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21, 26 Not Applicable 59-2918392 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ASHLEY, N. REX 1044 CASTELLO DR. 62 Street Address (P.O. Box Number is Not Acceptable) SUITE 106 83 NAPLES FL 34103 84 City 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 office or registered agont, 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 Signature, typod or printed name of registeroid agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ĎΡ DELETE 1.1 TITLE Change Addition TITLE NAME MOATES, BOB 1.2 NAME STREET ADDRESS 4082 BELAIR LANE, #20 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME ashley, n. rex 22 NAME STREET ADDRESS 1044 CASTELLO DR. 2.3 STREET ADDRESS CITY-ST-ZIP naples fl 2. 4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS 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, or on an attachment with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

DELETE

Addition