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

PROFIT Apr 23 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (9)CBRADSHAW & CARNELL Bradshaw + Bradshaw, P.A. Principal Place of Business Mailing Address C/O D. ROBERT BRADSHAW C/O D. ROBERT BRADSHAW 2107 SE 3RD AVE 2107 SE 3RD AVE OCALA FL 34471-5118 DO NOT WRITE IN THIS SPACE OCALA FL 34471-5118 3. Date Incorporated or Qualified )1/25/1988 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2869533 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes ☐ No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRADSHAW, D. ROBERT 2107 SE 3RD AVE Street Address (P.O. Box Number is Not Acceptable) **OCALA FL 34471** 83 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 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, typed or printed new **SIGNATURE** egistered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PĎ DELETE Addition TITLE 1.1 TITLE Change **BRADSHAW, D. ROBERT** NAME 1.2 NAME 2107 SE 3RD AVE STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP OCALA FL 34471-5118 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE Change **★** #ddition **BRADSHAW**, D. ROBERT NAME 2.2 NAME 2107 SE 3RD AVE STREET ADDRESS 2.3 STREET ADDRESS **O**CALA FL <u> 34471-5118</u> CITY-ST-ZIP 2. 4 City-ST-ZiP DELETE ☐ Change TITLE 3.1 TITLE Addition PEEK, DAVID H. NAME 3.2 NAME 1609 GULF LIFE TOWER STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition resident K. Bradshaw NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP 900002498**54**16 DELETE TITLE 61 TITLE Addition **04/**24/98--01003--**00**6 NAME 62 NAME \*\*\*150.00 STREET ADDRESS 6.9 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 of 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 changes for an analysis ment with an address.

**FILED**