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FILED
Mar 04 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 # P96000012914 (3)

1. Corporation Name

R.L. PHELPS & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1049 N HERMITAGE ROAD
FT MEYERS FL 33919
US 10231 Metro

1049 N HERMITAGE RD.
FT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1996

4. FEI Number

65-0640911

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

21 10231 Metro Pkwy

Suite, Apt. #, etc.

22 Ste 200

City & State

23 Ft. Myers, FL

Zip

24 33912

Country

25 USA

2a. Mailing Address

26 13010 State Rd 80

Suite, Apt. #, etc.

27 203

City & State

28 Ft Myers, FL

Zip

29 33905

Country

30 USA

9. Name and Address of Current Registered Agent

PHELPS, ROBERT L
1049 N. HERMITAGE RD.
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

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

13344 Island Rd

83

84 City

Ft Myers

FL

85 Zip Code

33916

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME PHELPS, ROBERT L
STREET ADDRESS 1049 N HERMITAGE RD
CITY-ST-ZIP FT MEYERS FL

TITLE S ☐ DELETE

NAME PHELPS, MICKEY
STREET ADDRESS 1049 N HERMITAGE RD
CITY-ST-ZIP FT MEYERS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Phelps, Robert L
1.3 STREET ADDRESS 13344 Island Rd
1.4 CITY-ST-ZIP Ft Myers, FL 33916

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Phelps, Mickey
2.3 STREET ADDRESS 13344 Island Rd
2.4 CITY-ST-ZIP Ft Myers, FL 33916

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

[Signature]

2/26/98

CP2E034 (10/97)