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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000097068 (6)

KEVIN A. SENTNER, P.A.

FILED Feb 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address -23014-KARL-COURT 890H4-KARL COURT LEESBURG FL 34788 LEESDURG FL 34788 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/02/1996 2a. Mailing Address 4. FEI Number Applied For SAME 59-3417208 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intaggible Personal Property Tax due June 30. Yes 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent SENTNER, KEVIN A 81 Name 33014 KARL COURT Street Address (P.O. Box Number is Not Acceptable) LEESBURG FL 34788 83 84 City 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 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Ringistered Agent signature requ red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. PD OTLETE 1.1 TITLE Change ☐ Addition TITLE SENTNER, KEVIN NAME 1.2 NAME **33014 KARL ST** STREET ADDRESS 1.3 STREET ADDRESS LEESBURG FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE 2.1 TITLE Change Addition TITLE NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETË Change Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 61 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 chapter 4, or on an attachment with an address.

SIGNATURE:

entro fra

1/11/98 352-753-0444