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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra El Morthin

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P9700064034 (6)** 

**GERALD ALAN SINGLETON** 

Principal Place of Business

Mailing Address

## FILED May 13 1998 8:00am Secretary of State



2832 NE 16 T GAINESVILLE		2932 NE 16 TERRAÇE Gainesville FL 32609		DO NOT WRITE IN 1	TUIS SDACE
				3. Date Incorporated or Qualified 07/22/1997	HIS SPACE
27 2936	ACE OF BUSINESS	26. Mailing Address 26. 2932 NE 16	TERRACE	4-FEI Number 59-346125	Applied For Not Applicate
Suite, Apt.	#, etc.	Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	sville, FL	City & State  28 Gainesville	FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24 326C	Country 25 USA	20 32609 30	Country USA	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
SIN	9. Name and Address of Current IGLETON, GERALD A	Registered Agent	81 Name	10. Name and Address of New Registe	2-ton
2932 NE 16 TERRACE  GAINESVILLE FL 32609  Street Agdress (P.O. Box Number is Not Account of the Company of the					
			63		
44 District	• Co.	1 007 4 00° Flasher	84 City C		FL 85 33609
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	Standard and despression again	walter			20.98
12.	OLEICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE		☐ DELETE	1.1 TITLE	Director	Change Additi
NAME			1.2 NAME	Gerald A Singleton	
STREET ADDRESS			1.3 STREET ADDRESS	Gerald A Singleton 2932 NE 16 TERRACE GAINESVILLE, Fl 32609	
CITY-ST-ZIP			1.4 CITY - ST - ZIP	GAINESVILLE, FI 32609	
TITLE	<del>-</del>	DELETE	2.1 TITLE	•	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		·	2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4 1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAMÉ		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T DELETE	5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			G.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
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 13 if changed, or on an attachment with an address.					