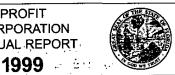
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S80221

WOODLIEF & RUSH, P.A.

## FILED Apr 01, 1999 8:00 am Secretary of State 04-01-1999 90053 024 \*\*\*150.00

					A TOTAL OF THE PROPERTY OF THE
Principal Place	of Business	Mailing Address			
11018 N. DALE	MABRY	11018 N. DALE MABRY			•
SUITE 404 SUITE 404				DO NOT WRITE IN TH	IS SPACE
TAMPA FL 33618 - TAMPA FL 33618				3. Date Incorporated or Qualifed	
				09/13/1991	
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 3411	W. Fletcher Ave	26 3411 N. Fleta	her Ave.	65-0304623	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Swit	e B	27 Suite B		5. Certificate of Status Desired	Fee Required
City & State	е	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23 Tar	MPa, +L	28 Tampa,	70 -	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible
24 33U	18 25 Hilsb.	29 33418 30	HTUSD.	Personal Property Tax.	Yes XNo
	9. Name and Address of Current	Registered Agent	94 Nome	10. Name and Address of New Registere	u Agent
Name R				Rush, Brian <u>P.                                    </u>	
RUSH, BRIAN P.				dress (P.O. Box Number is Not Acceptable)	
11018 N. DALE MABRY			83 3411	W. Fletcher Ave	·
SUITE 404 TAMPA FL 33618			Sin Sin	ite B	
1 AM			84 City	~ 03 F	85 Zip Code
<b></b>		100 Ft 11 Out 12	<u>                                      </u>		
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 a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statutes.		
SIGNATURE		AIOTE: De	gistered Agent signature requ	ired when reinstating) DATE	
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TILE	D 8.18.1.18.18.18	☐ DELETE	1.1 TITLE 7	D , a , D	Change
NAME	RUSH, BRIAN P.		12 NAME	Lush Brian P. 3411 W. Fletcher Ave	. Suite B
STREET ADDRESS	11018 N. DALE MABRY		1.3 STREET ADDRESS	3411 W. Fletcher 1100	
CITY-ST-ZIP	TAMPA FL 33618		1.4 CITY-ST-ZIP	Tampa, 71 33618	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WOODLIEF, MITCHEL E.		2.2 NAME		
STREET ADDRESS	225 E. CHURCH STREET		2.3 STREET ADDRESS		
CITY+ST-ZIP	JACKSONVILLE FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			i 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		ļ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change Classes
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ĺ
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u> </u>	Change Addition
TITLE		☐ DELETE	6.1 TITLE		Change [ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 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, with all other like empowered.

SIGNATURE:

813-963-1586