

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

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V43460** (7)
1. Corporation Name
DAY & DAY, P.A.

Principal Place of Business 1419 S.E. 37TH AVENUE OCALA FL 32671	Mailing Address 1419 S.E. 37TH AVENUE OCALA FL 32671
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2801 SW College Road Suite, Apt. #, etc. 22 Suite #13 City & State 23 Ocala, FL Zip 24 34474		2a. Mailing Address 26 2801 SW College Road Suite, Apt. #, etc. 27 Suite #13 City & State 28 Ocala, FL Zip 29 34474		3. Date Incorporated or Qualified 07/01/1992	
		4. FEI Number 59-3120387		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			

9. Name and Address of Current Registered Agent DAY, EUGENE R. 1419 S.E. 37TH AVE. OCALA FL 32671		10. Name and Address of New Registered Agent 81 Name Day, Eugene R. 82 Street Address (P.O. Box Number is Not Acceptable) 83 75 Teak Loop 84 City Ocala FL 85 Zip Code 34472	
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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 **Day, Eugene R. Pres.** *Eugene Day* 1/15/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAY, EUGENE R. 1419 S.E. 37TH AVE. OCALA FL ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 75 Teak Loop Ocala, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAY, DOUGLAS E 1419 SE 37 AVE OCALA FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 3879 SE 60th Street Ocala, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: *Eugene Day* **SIGNATURE REQUIRED** 1/15/98 352 237 6161

CR2E034 (10/97)