FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

766 HUDSON AVE.. SUITE A

2. Principal Place of Business

officer or director of the corporation or the receiver of Block 12 or Block 13 if changed, or on an attachmen

SIGNATURE:

Suite, Apt. #, etc.

City & State

% E. LARRY SEWELL

SARASOTA FL 34236

21

22

(6)

Mailing Address

% E. LARRY SEWELL 766 HUDSON AVE., SUITE A SARASOTA FL 34236

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

766 HUDSON, INC.

FILED Feb 04 1998 8:00am Secretary of State

7. Is this nonprofit corporation a homeowners association?

Yes Yes

⊠ No

941-365-5111

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

05/04/1983

65-0044030

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Zip		Country	Zìp		Cou	untry			8. This corporation owes or has paid the current year Intangible						
24	25 29		30				Personal Property Tax due June 30. Yes No								
	9. Name	and Address of Current			1	0. Name an	d Address	of New R	egistered	Agent					
			81	Name											
SEWELL, E. LARRY								Address	(P.O. Box No	mber is No	of Accepts	hie)			
766 HUDSON AVE.								1001000	(1.0. DOX 110		,, , , , , , , , , , , , , , , , , , ,	,			.
SUITE A								-							
SARASOTA FL 34236													1 1	0-1-	
						84	City					FL	85 Zip	Code	ı
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corpor ation 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 corpore of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corpor ation 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 corpore of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corpor ation 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 corpore of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corpor ation submits this statement for the purpose of changing its registered of the corpore of the submits this statement for the purpose of changing its registered of the corpore of the submits this statement for the purpose of changing its registered of the corpore of the submits this statement for the purpose of changing its registered of the corpore of the submits this statement for the purpose of changing its registered of the corpore of the submits this statement for the purpose of changing its registered of the corpore of the submits the s														ered	
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE; Registered Agent signature required when reinstating) DATE														<u> </u>	
12.	Signature, typed	OFFICERS AND		ile. (NUI	13.	Ager	nt signature re	required w		CHANGE	TO OFF		D DIRECTOR	25 IN 12	
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NAME		, E. LARRY			1.2 N/		1								
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14. I hereby o	ertify that the	Information supplied with al report or supplemental :	this filing doe	es not qualify to	or the exe	mpti I the	ion stated	d in Sec	tion 119.07(3)(i), Florida same legal	Statutes.	I further co	ertify that the	informa	tion
officer or o	director of the	e corporation or the receiv	er orarustee e	empowered to	execute t	nis re	eport as n	required	by Chapter	617, Florida	Statutes	; and that	my name ap	pears in	