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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998

STREET ADDRESS

ESSTMAN, MICHAEL B.

600 HIDDEN RIDGE

NAME



FLORIDA DEPARTMENT OF STATE

Feb 27 1998 8:00am

Secretary of State

Change

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # 002260 LORIDA INCORPORATED	(8)			
Principal Plac	e of Business	Mailing Address			1817 B1041 B1814 B1017 B1011 4804
201 N. FRAN	KLIN ST	600 HIDDEN RIDGE		ļ.	
FLTC0007 TAMPA FL 33602		HOEO3H10 IRVING TX 75038		DO NOT WRITE IN TH	S SPACE
US		US		3. Date Incorporated or Qualified	
0.0-2	No act of Division	Top Market and Address		06/20/1901 4. FEI Number	
2. Principal P	lace of Business	2a. Mailing Address		59-0397520	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	<del></del>		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	Ð	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	<b>Zip</b>	Country	Trust Fund Contribution  8. This corporation owes or has paid the or	Added to Fees
24	25	29 3	<b>-</b>	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registers	d Agent
	PRRELL, MARCEIL		81 Name		
201 N. FRANKLIN ST FLTCO717 ONE TAMPA CITY CENTER			<b>82</b> Street	Address (P.O. Box Number is Not Acceptable)	
TAMPA FL 33602			83		
	MITTE SOUL				
			84 City	F	L 85 Zip Code
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  Signature, typed or printed name of registered agent and liftle if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	DAKES, PETER A		1.2 NAME	DAKS, PETER A.	
STREET ADDRESS	201 N. Franklin St Tampa Fl		1.3 STREET ADDRESS	· ·	
CITY-ST-ZIP TITLE	EVPD	DELETE	1.4 CITY+ST-ZIP 2.1 TITLE		Change Addition
NAME	APPEL, JOHN C.	beece	2.2 NAME		C Change C Nadition
STREET ADDRESS	600 HIDDEN RIDGE		2.3 STREET ADDRESS		
CITY-ST-ZIP	IRVING TX		2. 4 CITY+ST-ZIP		
TITLE	SVPD	DELETE	3.1 TITLE	SVP	X Change Addition
NAME	DISMORE, GERALD K.		3.2 NAME	DINSMORE, GERALD K.	
STREET ADDRESS	600 HIDDEN RIDGE IRVING TX		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	S INVINO (A	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	SOMES, CHARLES J.	C DECELE	4.1 HILE 4.2 NAME		The Auguston The Augustin
STREET ADDRESS	600 HIDDEN RIDGE		4.3 STREET ADDRESS		
CITY-ST-ZIP	IRVING TX		4.4 CITY-ST-ZIP	Ì	
TITLE	D	X DELETE	5.1 TITLE	DIRECTOR	Change X Addition
NAME	WHITE, THOMAS W.		5.2 NAME	MATELAND L. KEITH, JR.	
STREET ADDRESS	600 HIDDEN RIDGE		5.3 STREET ADDRESS	600 HIDDEN RIDGE	į
CITY-ST-ZIP	IRVING TX	TW pelete	5.4 CITY - ST - ZIP	IRVING, TX 75038	[ A   100
TITLE	D	X DELETE	6.1 TITLE	DIRECTOR	☐ Change X Addition

**IRVING TX** IRVING, TX 75038 6.4 CITY-ST-ZIP 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.

**6.3 STREET ADDRESS** 

LAWRENCE R. WHITMAN

600 HIDDEN RIDGE

6.2 NAME