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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40321** (4)

1. Corporation Name

CITIZENS FOR A TWO TERM LIMIT, INC.

Principal Place of Business

Mailing Address

C/O WILLIAM E. SCHEU, ESQ.
200 W. FORSYTH ST., SUITE 1600
JACKSONVILLE FL 32202

C/O WILLIAM E. SCHEU, ESQ.
200 W. FORSYTH ST., SUITE 1600
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified

10/12/1990

4. FEI Number

59-3032056

Applied For

Not Applicable

2. Principal Place of Business

21 c/o Rogers, Towers, et al.

2a. Mailing Address

26 c/o Rogers, Towers, et al.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1301 Riverplace Blvd.,

27 1301 Riverplace Blvd.,

City & State

City & State

Suite 1500

Suite 1500

23 Jacksonville

28 Jacksonville

Zip

Zip

Country

Country

24 32207

29 32207

25 Duval

30 Duval

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHEU, WILLIAM E., ESQ.
200 WEST FORSYTH ST.
SUITE 1600
JACKSONVILLE FL 32202**

81 Name

William E. Scheu, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

Rogers, Towers, Bailey, Jones & Gay

83

1301 Riverplace Blvd., Suite 1500

84 City

Jacksonville

FL

85 Zip Code

32207

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

William E. Scheu

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/9/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **SCHEU, WILLIAM E.**
CITY-ST-ZIP **4333 VENETIA BLVD.**
JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DC**
STREET ADDRESS **EDWARDS, NANCY**
CITY-ST-ZIP **6534 CHRISTOPHER PT. RD.**
JACKSONVILLE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DVS**
STREET ADDRESS **BRINTON, WILLIAM D.**
CITY-ST-ZIP **1835 CHALLEN AVE.**
JACKSONVILLE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

William E. Scheu

WILLIAM E. SCHEU

3/9/98

904/398-3911

CR2E037 (10/97)