

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

FILED

Feb 16, 1999 8:00am  
Secretary of State

02-16-1999 90053 015 \*\*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1961

4. FEI Number

59-1010968

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WALLACE, JAMES M  
420 OLD MAIN STREET  
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME PD  
WALLACE, JAMES M  
STREET ADDRESS 420 OLD MAIN STREET  
CITY-ST-ZIP BRADENTON, FL 00000

13. 1.1 TITLE ☐ Change ☐ Addition

NAME VD  
CALANDRA, GAIL M  
STREET ADDRESS 420 OLD MAIN STREET  
CITY-ST-ZIP BRADENTON, FL 00000

14. 2.1 TITLE ☐ Change ☐ Addition

NAME D  
WALLACE, D.H.  
STREET ADDRESS 420 OLD MAIN ST.  
CITY-ST-ZIP BRADENTON, FL 00000

15. 3.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

16. 4.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

17. 5.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

18. 6.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

19. 6.2 NAME

20. 6.3 STREET ADDRESS

21. 6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)