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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 29 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

101

Principal Place of Business ##BUDURNE FL 3201-7254 #
289 LWRENCE CRCLE MELBOURNE FL 32801 289 COLBERT CIRCLE MELBOURNE FL 32801 29
PLBOURNE FL 3201-7254 ### Place of Business 2a. Mailing Address 4. FEI Number Applied For
2. Principal Place of Business
10/08/1964
2. Making Address
Suite, Ap. #, etc. Silva State City & State Zip Country Silva Contribution Silva Contribution Bit Name Bit Name Bit Name Bit Name Bit Name Bit Name Bit Street Address of New Registered Agent Silva City FL Bit Name Bit Name Bit Street Address (P.O. Box Number is Not Acceptable) First Address (P.O. B
Suite. Apt. #, etc. Suite. Apt. #, etc.
City & State City &
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Zip Country Zip Country Countr
Zip Country Zip Country Personal Property Tax due June 30. Yes Interngible Personal Property Tax due June 30. Yes
28 29 30 Personal Property Tax due June 30 Yes Normal Property Tax due June 30 Yes Y
SimpSon, Virgil SimpSon SimpSon, Virgil SimpSon SimpSo
SIMPSON, VIRGIL 2038 LAWRENCE CIRCLE MELBOURNE FL 32901-7254 ### Ciry ### Ciry ### Ciry ### Ciry ### Ciry ### Ciry
Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Num
MELBOURNE FL 32901-7254 83 B4
B3
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 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
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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 agont, 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 SIGNATURE DEFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P
SIGNATURE Signature, typed or printed name of registered egent and title if apylicable 72. OFFICERS AND DIRECTORS 73. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 74. WORSHAM, JONATHAN STREET ADDRESS CITY-ST-ZIP TITLE 75. OFFICERS AND DIRECTORS 75. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP TITLE 75. ORMOND BEACH FL 1.4 CITY-ST-ZIP TITLE 76. ORMOND BEACH 17. TITLE 77. ORMOND BEACH 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 LITLE 1.6 LOTH ST-ZIP 1.6 LOTH ST-ZIP 1.7 LITLE 1.8 LOTH ST-ZIP 1.8 LOTH ST-ZIP 1.8 LOTH ST-ZIP 1.8 LOTH ST-ZIP 1.9 LOTH
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Signature. Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required whon reinstating) DATE
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STREET ADDRESS 63 STREET ADDRESS
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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 of on an attachment with an address.