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

**FILED PROFIT** Apr 07 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** 305205 1. Corporation Namo AL BOOTH'S INC. Principal Place of Business Mailing Address 200 HARBOR CITY BLVD 260 HARBOR CITY BLVD MELBOURNE FL 32935 MELBOURNE FL 32935 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/19/1966 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1140081 Not Applicable 21 26 Suite Ant # etc Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible X Yes □ No Personal Property Tax due June 30. 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FRESE, GARY B 930 SO HARBOR CITY BLVD Street Address (P.O. Box Number is Not Acceptable) **STE 505** 83 MELBOURNE FL 32901 84 City Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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 regestered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE TITLE 1.1 TITLE PARSONS, THOMAS C 1.2 NAME NAME 1550 NW PINETREE LANE 1.3 STREET ADDRESS STREET ADDRESS PALM BAY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE DALE E. BRIGHT NAME 2.2 NAME 260 N. HARBOR CITY BLVD 2.3 STREET ADDRESS STREET ADDRESS MELBOURNE FL CITY - ST - ZIP 2 4 CiTY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE **ALMA BAKER** 3.2 NAME NAME 260 N. HARBOR CITY BLVD 3.3 STREET ADDRESS STREET ADDRESS MELBOURNE FL 3 4. CITY - ST - ZIP CITY-ST-ZIP Addition TITLE DELETE 4.1 TITLE Change 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5 4 CiTY-ST-ZiP DELETE Change Addition 61 TITLE

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.

62 NAME

63 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

Alma. L. Baker