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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

311127

(5)

W.G. SUTTLES INC.

Principal Place of Business

245 RIVERSIDE AVENUE

Mailing Address

## **FILED** Feb 24 1998 8:00am Secretary of State



JACKSONVILLE FL 32202		JACKSONVILLE FL 32202						
·						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified		
Principal F	Place of Business	2a. Mailing Address				11/17/1966 4. FEI Number		
21	lade of Basilloss	26				59-1152828	$\rightarrow$	opplied For lot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				39-1132020		Additional
22	, 2,2	27				5. Certificate of Status Desired	T	Required
City & Stat	e	City & State				6, Election Campaign Financing		May Be
23	28					Trust Fund Contribution		I to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes or has paid the cur		
24	25	29	30			1 '		□ No
	g. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent	
SUTTLES,CHARLES N				81 Name				
245 RIVERSIDE AVE.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32202				-	01.001710011			
				83				
				84	City		OP 7in	Code
					•	FL		l
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								
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 is 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								
0,0,0,0,0	Signature, typed or printed name of registered agen		TE Registere	d Age	nt signature require	ed when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	9 5	☐ DEŁET <b>e</b>	1.1 T	ĭL€			Change	Addition
NAME	MOORE, LINDA B.		1.2 N	AME				
STREET ADDRESS	245 RIVERSIDE AVENUE		1.3 S	1.3 STREET ADDRESS				į.
CITY-ST-ZIP			1.4 C	ITY-S1	r- ZIP	***************************************		
TITLE			2.1 TI	TLE			Change	Addition
NAME	AKINS, LINDA KAY SUTTLES		2.2 N	2.2 NAME				
STREET ADDRESS	245 RIVERSIDE AVENUE		2.3 S	2.3 STREET AODRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 00000		_	2.4 CITY-ST-ZIP				
TITLE	PDC DELETE		3.1 TI	3.1 TITLE			☐ Change	Addition
NAME	SUTTLES, CHARLES N		3.2 N	3.2 NAME				
STREET ADDRESS	245 RIVERSIDE AVENUE		3.3 S	TREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 00000		3.4. 0	ITY-S	T-ZIP			
TITLE	VI CUTTLES W GEODGE III	☐ DELETE	4.1 11				Change	☐ Addition
NAME	SUTTLES, W. GEORGE III 245 RIVERSIDE AVENUE		4. 2 N					
STREET ADDRESS			4.3 S	TREET A	ADORESS			
CITY-ST-ZIP	JACKSONVILLE, FL 00000			TY-ST	- ZIP			
TITLE		☐ DELET <b>E</b>	5.1 TI				Change	L Addition ☐
NAME			5.2 N	AME				
STREET ADDRESS			5.3 ST	REET A	ADDRESS			j
CITY-ST-ZIP		T AFIFT		TY-ST	- ZIP		<del>سا ذ،</del>	
TITLE		☐ DELETE	6.1 TI				Change	☐ Addition
NAME			6.2 N	AME				
STREET ADDRESS			6.3 \$1	REET A	ADDRESS			
CITY-ST-ZIP	and the short about the desired of the state	Althor filling along the control of		TY-ST		2-6-3-10 67/0/6 5	<del>70. 3</del>	
indicated of officer or officer o	on this annual report or supplemental.	annual report is true and acc ver or trustee empowered to	curate ani	d tha	t my signature	Section 119.07(3)(i), Florida Statutes. I further cere shall have the same legal effect as if made undired by Chapter 607, Florida Statutes; and that m	ier oath: th	atlam an I