## 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 # 356538

(9)

NAMES AND NUMBERS, INC.

Mailing Address

**FILED** Jan 29 1998 8:00am Secretary of State



Principal Place of Business 11683 87TH ST. NORTH 11683 87TH ST. NORTH **LARGO FL 34643** LARGO FL 34643 33773 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/10/1969 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 26 59-1292706 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution 23 Added to Fees Zin Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes ☐ No 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name APPLEFIELD, PAUL 1867 DEL ROBLES TERR Street Address (P.O. Box Number is Not Acceptable) CLEARWATER FL 34624 33764 83 84 City 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 regist 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, lyped or printed hame of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

SIGNATURE 12 DELETE 1.1 TITLE Change TITLE APPLEFIELD, PAUL 1.2 NAME NAME STREET ADDRESS 1867 DEL ROBLES TERR. 1.3 STREET ADDRESS CLEARWATER FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME APPLEFIELD, MARK 2.2 NAME STREET ADDRESS 5922 SKIMMER POINT BLVD 23 STREET ADDRESS **GULFPORT FL** CATY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3,4, CITY-ST-ZIP DELETE 4.1 TITLE Change ☐ Addition TITLE 4, 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP \_\_ DELETE Change \_\_\_ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5,4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.