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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 13 1998 8:00am

Secretary of State

22E034 (10/97

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 375671

(5)

FIRST SARASOTA SERVICE CORPORATION Principal Place of Business Mailing Address 490 ROCKLEY BLVD 50 N. LAURA ST. 9TH FLR P.O. BOX 2776 MC 0392000-1830 DO NOT WRITE IN THIS SPACE VENICE FL 34293 WILLE FL 32202 3. Date Incorporated or Qualified 01/18/1971 2. Principal Place of Business 4. FEI Number Applied For 800 SECOND ST. SUITE 903 21 59-1379466 Not Applicable Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agen Name and Address of New Registered Agent 81 Name NELSON, JOHN W **490 ROCKLEY BLVD** 82 MC 099-000-1830 83 VENICE FL 34293 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 familially 1th, and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 1111 F NELSON, JOHN W NAME 1.2 NAME 490 ROCKLEY BLVD STREET ADDRESS 1.3 STREET ADDRESS VENICE FL CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BROWN, THOMAS E 22 NAME 490 ROCKLEY BLVD STREET ADDRESS 2.3 STREET ADDRESS VENICE FL CITY-ST-ZIP 2. 4 CiTY - ST - ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.9 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 corp attorn or the receive or fusion or the receive of 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 charged or on an attackment with an address.