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

CORPORATION ANNUAL REPORT

1998

Principal Place of Business

ST PETERSBURG FL 33701

2. Principal Place of Business

Suite, Apt. #, etc.

21 699-15+ AVE NO

696 FIRST AVE N.

SUITE 400



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # GLENN M. WOODWORTH, P.A.

Country

Name and Address of Current Registered Agent

(3)

ST PETERSBURG FL 33701

699-15+

Suite, Apt. #, etc.

SUITE 400

2a. Mailing Address

473352

3. Date Incorporated or Qualified

Mailing Address 696 FIRST AVE N.

04/01/1975

59-1586468

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10 Name and Address of New Registered Agent

Trust Fund Contribution

FEI Number

DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ No

Yes

Not Applicable

FILED

Jan 29 1998 8:00am

Secretary of State

WOODWORTH, GLENN M.		81 Name
696 FIRST AVENUE NORTH		82 Street Address (P.O. Box Number Is Not Acceptable)
SUITE 400		1.099 - 18t AVE NO.
ST. PETERSBURG FL 33701		83
		84 City 85 Zip Code
		St. Petersburg FL 33701
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 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.		ad Agent signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS TITLE PD DELE	13.	
NAME WOODWORTH, GLENN M STREET ADDRESS 696 FIRST AVE. N. SUITE #400		IAME
		STREET ADDRESS 699-1St AVE NO STY-ST-ZIP St. Petersburg, PL 33701
CITY-ST-ZIP ST PETERSBURG, FL 00000		HTY-ST-ZIP St. Petersburg, PL 33 101 HTLE Change Addition
NAME DECE	2.11	
STREET ADDRESS		TREET ADDRESS
CITY-ST-ZIP TITLE DELET		CITY-ST-ZIP ITLE
NAME	3.2 N	
STREET ADDRESS		TREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE DELET		
NAME		VAME
STREET ADDRESS		TREET ADDRESS
CITY-ST-ZIP		ITY-SI-ZIP
TITLE DELET		
NAME	5.2 N	AME
STREET ADDRESS	5.3 S	TREET ADDRESS
CITY-ST-ZIP	5.4 C	ITY-ST-ZIP
TITLE DELET	E 6.1 T	ITLE Change Addition
NAME	6.2 N	AME
STREET ADDRESS	6.3 S	TREET ADDRESS
CITY-ST-ZIP	6.4 C	ity-st-zip
14. I hereby certify that the information supplied with this filing does not qu	alify for the ex	emption 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.		