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 # 491700

(1)

TRANS	FLORIDA FINANCIAL CORF).			
Date 1 - 1 - 1 - 1	- 4 B	**************************************			
Principal Place of Business Mailing Address					
2113 GULL LANE 2113 GULL LANE SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695			5	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 11/26/1975	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
21		26		59-1646772	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zìp	Country	8. This corporation owes or has paid the ou	rrent vear Intangible
24	25	29	30		☐ Yes No
				10. Name and Address of New Registered	Agent
LANGHOFF, WILLIAM H. 81 Name					
2113 GULL LANE			82 Street Add	iress (P.O. Box Number is Not Acceptable)	
SAFETY HARBOR FL 34695			Sileet Add	dress (F.O. Box Northber is Not Acceptable)	
OALLY TIALBOTT E 04030			83		
			<u> </u>		
			84 City	FL	85 Zip Code
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 register 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.					olntment as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flor	ida Statutes.		
SIGNATURE					
12.	Signature, typed or printed name of registered agen OFFICERS AND		Registered Agent signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIDECTORS IN 12
TITLE	PSD CI-PICERS AND	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	LANGHOFF, DORTHY L		1.2 NAME		
STREET ADDRESS	2113 GULL LANE		1.3 STREET ADDRESS		ļ
	SAFETY HARBOR FL				[1
CITY-ST-ZIP	TD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	LANGHOFF, WILLIAM H		2.1 TITLE 2.2 NAME		C change C Addition
1	2113 GULL LANE		1		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL	DELETE	2 4 CITY-ST-ZIP		Change Addition
TITLE		CT OFFEE	3.1 TITLE		Citaline C Administra
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADORESS		
CITY-ST-ZIP			3.4. GITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City-St-ziP			4.4 CITY - ST - ZIP		
TITLE	***	☐ DELETE	5.1 TITLE		Change Addition

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 13 if changed, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

DELETE

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

arghoff, Director J

January 5, 1998

Change

Addition

FILED

Jan 16 1998 8:00am

Secretary of State