

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

FILED

Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **500777** (8)

1. Corporation Name
MOTTICE & ASSOCIATES, INC.

Principal Place of Business
**1834 HERMITAGE BLVD.
SUITE 201
TALLAHASSEE FL 32308**

Mailing Address
**1834 HERMITAGE BLVD.
SUITE 201
TALLAHASSEE FL 32308**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/08/1976

4. FEI Number
59-1678716

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOTTICE, H. JAY
2111 N MONROE ST #203
TALLAHASSEE FL 32308**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1834 Hermitage Blvd.

83 **Ste 201**

84 **Tallahassee**

FL

85 Zip Code
32308

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. I hereby accept the appointment as registered agent.

SIGNATURE

[Signature]

3/12/98

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **MOTTICE, HOMER J.**
STREET ADDRESS **2111 N MONROE ST #203**
CITY-ST-ZIP **TALLAHASSEE FL**

1.1 TITLE **CS** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1834 Hermitage Blvd., Ste 201**
1.4 CITY-ST-ZIP **Tallahassee FL 32308**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE **PT** ☐ Change ☒ Addition
2.2 NAME **JOHN P. MOTTICE**
2.3 STREET ADDRESS **1834 HERMITAGE BLVD., STE. 201**
2.4 CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 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 to an address.

SIGNATURE: *[Signature]* **Homer J. Mottice** 3/12/98 850384817

CR2E034 (10/97)