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 #

535992

Country

9. Name and Address of Current Registered Agent

25

NEAL, PAUL, JR. 3711 CORTEZ RD

BRADENTON FL 34210

STE - 300

(2)

Mailing Address

STE - 300

26

27

28

29

3711 CORTEZ RD WEST

BRADENTON FL 34210

Suite, Apt. #, etc.

2a. Mailing Address

City & State

Zip

PENELCO, INC.

Principal Place of Business

3711 CORTEZ RD W

BRADENTON FL 34210

Sulte, Apt. #, etc.

City & State

2. Principal Place of Business

STE - 300

21

23

24

Zip

| | Jan 29 1 Secret | | | 3:00am State | | |
|------|--|----------|-------------|--------------------------------|--|--|
| | | - | | | | |
| | DO NOT WRITI | E IN TH | IS SPACE | | | |
| 3. | Date Incorporated or Qualified | | | | | |
| 4. | 05/23/1977 FEI Number | | | 7. " | | |
| ٩. | | | <u> </u> | Applied For | | |
| 5. | 59-1759030 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 pure Personal Property Tax due June | | current yea | ar Intangible | | |
| 10. | Name and Address of New Re | agistere | d Agent | | | |
| s (P | O. Box Number is Not Accepta | ble) | | | | |

EII ED

83

84 City

Country

Name

Street Address (P.O.

30

| 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 litle if applicable. (NOTE Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. | | DATE CHANGES TO OFFICERS AN | U DIBECTOR | S IN 12 | | | | |
| TITLE | VSD | DELETE | 1.1 TITLE | ADDITIONS | ATAMACS TO OTT TOERS AIR | Change | Addition | | | | |
| NAME | NEAL, E.M. | | 1.2 NAME | | | | | | | | |
| STREET ADDRESS | 3711 CORTEZ RD / STE - 300 | | 1.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | BRADENTON FL | | 1.4 CITY-ST-ZIP | | | | | | | | |
| TITLE | PTD | DELETE | 2.1 TITLE | | | Change | Addition | | | | |
| NAME ~ | NEAL, PAUL JR | | 2.2 NAME | | | | | | | | |
| STREET ADDRESS | 3711 CORTEZ RD W / STE - 300 | | 2.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | BRADENTON FL | | 2.4 CITY-ST-ZIP | | 6. | | ľ | | | | |
| TITLE | SD | DELETE | 3 1 TATLE | | | Change | Addition | | | | |
| NAME | BYRNES, KAREN L. | | 3.2 NAME | | | | 1 | | | | |
| STREET ADDRESS | 3711 CORTEZ RD W / STE - 300 | | 3.3 STREET ADDRESS | | | | j | | | | |
| CITY-ST-ZIP | BRADENTON FL | | 9.4. CITY-ST-ZIP | | | | Ì | | | | |
| TITLE | | DELETE | 4.1 TITLE | | | Change | Addition | | | | |
| NAME | | | 4. 2 NAME | | | | | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | 1 | | | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | | | | | | | |
| TITLE | | DELETE | 5.1 TITLE | | | Change | Addition | | | | |
| NAME (| | | 5.2 NAME | | | | Į | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | Change | Addition | | | | |
| NAME) | | | 6.2 NAME | | | | | | | | |
| STREET ADDRESS | • | | 6.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | 6.4 CHTY-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.

SIGNATURE:

Karen L. Byrnes

1-22-48
1-756-0677

Zip Code

85