

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

FILED
Jun 12 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 # 604908 (4)
1. Corporation Name
PATTILLO, MCKEEVER & BICE, P.A.



Principal Place of Business 2100 S.E. 17TH STREET 300 OCALA FL 34471 US	Mailing Address P.O. BOX 1450 OCALA FL 34478 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 12/31/1973 4. FEI Number 59-1498747 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
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9. Name and Address of Current Registered Agent MCKEEVER, JOHN P 2100 SE 17 ST., STE 300 OCALA FL 32671	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 JOHN P. MCKEEVER, PRES. DATE 4/30/98

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP D LAMBERT, BEVERLY A 2297 SE LAUREL RUN DR OCALA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP PD MCKEEVER, JOHN P. 3838 NE 17th Circle OCALA FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SANDERS, GARY L 4707 SE 39TH CT OCALA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD BICE, JEAN A 8270 S.E. 3RD. CT. OCALA FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP D MARION, BETTY D. 2100 SE 17 STREET OCALA FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP D HAMER, KELLY G. 2100 SE 17TH STREET OCALA FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP D Glenny, David A. 1814 SE 34 LANE OCALA FL 34471	6.1 TITLE 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 with an address.

SIGNATURE: JEAN A. BICE JEAN A. BICE 6/1/98 352 732 2253

CF2E034 (10/97)