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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 626339

(6)

Mailing Address

TELFORD AND ASSOCIATES, INC.

FILED Jan 20 1998 8:00am Secretary of State

941-322-1383

3630 VERNA I Myakka City		9630 VERNA HD. MYAKKA CITY FL 34251				50 107 1107	E IN TURO 0	DACE	
US		US				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
9 Principal Di	ace of Business	2a. Mailing Address				06/18/1979 4. FEI Number		1.1	Applied For
	ace or pusitiess	26				59-1963591		_ ⊢	Not Applicable
Suite, Apt.	# elc	Suite, Apt. #, etc.							5 Additional
22		27				5. Certificate of Status Desired		4 - · · ·	Required
City & State	9	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ad to Fees
Zip	Country	Zip	Co	untry	,	8. This corporation owes or has p	aid the curr	ent vear	Intangible
24	25	29	30			Personal Property Tax due Jun	-] Yes	🔀 No
	9. Name and Address of Curr	ent Registered Agent			***************************************	10. Name and Address of New R	egistered A	gent	
BU	DDLE, VON T.			B1	Name				
3630 VERNA RD.				B2	32 Street Address (P.O. Box Number is Not Acceptable)				
	AKKA CITY FL 34251				0,700,710	icioco (i .c. box riamos o riot riocopio	,		
*****				В3					
				84	City			85 Z	ip Code
				54	City		FL	63 -	,p 0006
office or re agent. I ar	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such change was	authorize	ed by	y the corpo	orporation submits this statement for the ration's board of directors. I hereby according	purpose of opt the appo	changin _i sintment	g its registered as registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NO	TE: Registere	ed Age	ant signature re	guired when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECT	ORS IN 12
TITLE	PD	DELETE	1.1 T	ITLE			111111	□ Chang	ge Addition
NAME	RUDDLE, VON T		1.2 N	IAME					
STREET ADDRESS	3630 VERNA RD.		135	STREET	ADDRESS				
CITY-ST-ZIP	MYAKKA CITY FL			CITY-S	ŀ				
TITLE	STP	DELETE		ITLE		111111111111111111111111111111111111111		Chang	e Addition
NAME	RUDDLE, VON T.		2.2 N	NAME					
STREET ADDRESS	3630 VERNA RD.		2.3 5	STREET	ADDRESS				
CITY-ST-ZIP	MYAKKA CITY FL		2.4	CITY-5	ST-ZIP				
TITLE	(III) SHALL	DELETE	3.1 T					☐ Chang	je 🔲 Addition
NAME			3.2 M	NAME					
STREET ADDRESS			3.3 5	STREET	ADDRESS				
CITY-ST-ZIP					ST-ZIP				
TITLE		DELETE	_	ITLE				☐ Chang	ge Addition
NAME			4.2	NAME					
STREET ADDRESS			4.3 5	STREET	ADDRESS				
CITY-ST-ZIP				CITY-S					
TITLE		DELETE		TITLE		- 1-2-3-1		Chang	ge Addition
NAME			5.21	NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY-S					
TITLE		DELETE		TITLE				Chang	ge Addition
NAME		- ·	6.2 1	NAME					
STREET ADDRESS					ADDRESS				
CITY_CT_7ID			646	MY-S	ST- 7/P				
14. I hereby o	ertify that the information supplied	with this filing does not qualify	for the ex	emp	tion stated	in Section 119.07(3)(i), Florida Statutes.	I further cer	tify that	the information
indicated officer or d Block 12 d	on this annual teport or suppleme director of the dorporation or the re or Block 1537 changed, or on/an a	ntlal annual report is true and ac exerciver or trustee empowered to tachment with an address	curate ar execute	nd th this	at my signa report as ri	in Section 119.07(3)(i), Florida Statutes, ature shall have the same legal effect as equired by Chapter 607, Florida Statutes	if made und a; and that m	der oath; ny name	that I am an appears in

(Von m Buddle)