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 # 634378

(4)

CECIL L. BOTHWELL, JR., INC.

FILED Apr 27 1998 8:00am Secretary of State

Principal Place of Business 800 N HIGHLAND AVE		Mailing Address	800 N HIGHLAND AVE		102:10 2:100 (1)11 2:1292 1:117 (1001)	
100 ORLANDO FL 32603		ORLANDO FL 32903	109 ORLANDO FL 32803		DO NOT WRITE IN THIS SPACE	
US		US			3. Date Incorporated or Qualified	
					09/01/1979	
	Place of Business	2a, Mailing Address			4. FEI Number	Applied For
21		26			59-1937108	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta		City & State			6 Etastia Caracias Fiscacias	
23		28			 Election Campaign Financing Trust Fund Contribution 	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation owes or has pa	
24	25	29	30	•	Personal Property Tax due June	
	g. Name and Address of Cu		1001		10. Name and Address of New Re	
RIOCC-BE	PROE, PEGGY V		81	Name		
80	O N HIGHLAND AVE		82	Street Add	ress (P.O. Box Number is Not Acceptab	n(e)
10	_			Sireet Addi	1000 (F.O. BOX PURIBO) IS 140; MOSOPHUE	, <u>.</u>
OF	RLANDO FL 32803		83	•		
			84	City		FL 85 Zip Code
dd Dusausas	to the provisions of Sections CO	204.02 and 607.1509. Elorida Statu	toc the abou	named corr	poration submits this statement for the p	
office or agent 1	registered agent, or both, in the sam familiar with, and accept the c	State of Florida. Such change was obligations of, Section 607.0505, Fl	authorized b orida Statute	by the corporates.	tion's board of directors. I hereby accept	ot the appointment as registered
SIGNATURE	Signature, typed or printed name of register	and arrange and title if ar religionable (NO	F Registered Ac	nent signature requi	red when reinstating)	DATE
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE			1.1 TITLE			Change Addition
NAME	BURGE, PEGGY V.		1.2 NAME			
STREET ADDRESS	800 N HIGHLAND AVE S	ITE 109	1.3 STREE	T ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CHY-	ST - ZIP		
TITLE	ST	DELETE	2.1 TITLE			Change Addition
NAME	LINDA C SPOST 2		2.2 NAME			ļ
STREET ADDRESS	1739 CYPRESS RIDGE R	OAD	2.3 STREE	T ADDRESS		ļ
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-	-ST-ZIP		
TITLE	DELETE		3.1 TITLE			Change Addition
NAME			3.2 NAME			ļ
STREET ADDRESS				T ADDRESS		1
CITY-ST-ZIP	DELETE		3.4. CITY			Change Addition
TITLE		LJ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAMI			l
STREET ADDRESS				T ADORESS		l
CITY-ST-ZIP		T DELETE	4.4 CITY-	S1-ZIP		Change Addition
TITLE		☐ DELETE	51 TIFLE			
NAME			5.2 NAME	i		1
STREET ADDRESS				T ADDRESS		l
CITY - ST - ZIP	ļ	DELETE	5.4 CITY-			Change Addition
TITLE	I		6.1 TITLE	I		

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 supplimental 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

PEGGY V BURGE PRES

NAME

STREET ADDRESS