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

CLORIDA DEPARTMENT OF STATE

PROFIT

May 21 1998 8:00am CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** 659507 (8) G. MALLORY FREEMAN, JR., & ASSOCIATES, INC. Principal Place of Business Mailing Address 248 TOLLGATE TRAIL 248 TOLLGATE TRAIL LONGWOOD FL 32750 LONGWOOD FL 32750 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/17/1980 2. Principal Place of Business 2a, Mailing Address Applied For 21 <u>59-1997852</u> Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Zip Country Country 8. This corporation owes or has paid the curre t year Intangible 25 30 Personal Property Tax due June 30. □ No 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FREEMAN, G. MALLORY, JR. 246 TOLLGATE TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32750 83 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when re-instating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE PREEMAN, G. MALLORY, JR. NAME 1.2 NAME 246 TOLLGATE TRAIL 1.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 211/11/ FREEMAN, G. MALLORY, JR. NAME 2.2 NAME 246 TOLLGATE TRAIL 23 STHEET ADDRESS STREET ADDRESS LONGWOOD FL CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 HTLE FREEMAN, SARAH B NAME 3.2 NAME 246 TOLLGATE TRAIL 3.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 C(1Y-S1-Z)P DELETE Change Addition 6.1 TIFLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST-7IP 14. Thereby 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 trusted 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 address

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