


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

FILED  
Jun 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 663583 (3) 1. Corporation Name PADGETT & ASSOCIATES, INC.		



Principal Place of Business % JOHN FENN FOSTER SUITE 219, 1897 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33409	Mailing Address % JOHN FENN FOSTER SUITE 219, 1897 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33409
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 501 S. Flagler Dr. Suite, Apt. #, etc. 22 Suite 305 City & State 23 West Palm Bch FL Zip 24 33401 Country 25 US		2a. Mailing Address 26 501 South Flagler Dr. Suite, Apt. #, etc. 27 Suite 305 City & State 28 West Palm Bch FL Zip 29 33401 Country 30 US		3. Date Incorporated or Qualified 01/08/1980	4. FEI Number 59-1971988	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent FOSTER, JOHN FENN SUITE 219 1897 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33409				10. Name and Address of New Registered Agent		

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VSD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PADGETT, JOAN			1.2 NAME			
STREET ADDRESS	P.O. BOX 1148 NA			1.3 STREET ADDRESS			
CITY-ST-ZIP	PINEHURST NC 28374			1.4 CITY-ST-ZIP			
TITLE	PTD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PADGETT, DONALD E			2.2 NAME			
STREET ADDRESS	P.O. BOX 1148 NA			2.3 STREET ADDRESS			
CITY-ST-ZIP	PINEHURST NC 28374			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 \_\_\_\_\_ Date 6-7-98 9:10-2051500

CR2E034 (10/97)