

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

FILED
Sep 24 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 # 667122 (6)
 1. Corporation Name
AUTH & ASSOCIATES, INC.

Principal Place of Business: **3501-B PONCE DE LEON BLVD. SUITE 392 ST. AUGUSTINE, FL 32095 US**
 Mailing Address: **3501-B PONCE DE LEON BLVD. SUITE 392 ST. AUGUSTINE, FL 32095 US**

2. Principal Place of Business: [21] State, Apt. #, etc. [22] City & State [23] Zip [24] Country [25]
 2a. Mailing Address: [26] State, Apt. #, etc. [27] City & State [28] Zip [29] Country [30]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/17/1980**

4. FCI Number: **59-1990117** 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

9. Name and Address of Current Registered Agent
**WEBB, HERBERT M., ESQ.
 35 NORTH MAIN STREET
 SUITE 38
 GAINESVILLE, FL 32601**

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

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 and familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] (Date: _____) (Title: _____)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	AUTH, JEANNINE EMILY	
STREET ADDRESS	165 TURTLE BAY LANE	
CITY, ST, ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> DELETE
NAME	AUTH, BRICE DENNIS	
STREET ADDRESS	165 TURTLE BAY LANE	
CITY, ST, ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

300002650023
-09/28/98-01068-011
*****150.00**

14. I certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that this information is 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 at the time of filing, and I am empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document or on the attached with an address.

SIGNATURE: *Sandra B. Mortham* **8/21/98 904/824-2717**

CR2E034 (10/97)



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AUTH & ASSOCIATES, INC.

Environmental & Water Management Consultants

3501-B North Ponce DeLeon Boulevard
Suite 392
St. Augustine, Florida 32095
(904) 824-5332
FAX (904) 824-2717

September 17, 1998

Document Specialist
Florida Department of State
Annual Reports Filings
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Subject: FEI Number 59-1990117; Document #667122
Letter #0987A00045785


Dear Document Specialist:

I have once again mailed the attached annual report form for Auth & Associates, Inc. that was mailed to me by Mr. Tyrone Scott on July 10, 1998 (letter #998A00036855), and that was returned to me in the subject letter. As requested, I have enclosed a new corporate check in the amount of \$150.00.

Corporate check #1855 for \$150.00 that was included with my original submittal back in April has never cleared my First Union checking account. If someone is holding this check in your offices in Tallahassee, please see that it is destroyed.

Thank you for your attention to this matter.

Sincerely,



Dennis Auth
CEO

BDA/wp

Enclosure: