## 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 #

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

695529

(8)

ALBRIGHT & ASSOCIATES OF OCALA, INC.

Principal Place of Business Mailing Address						RISI, BIBII BIBII ALSII BIBII 1981
% STEPHEN J ALBRIGHT 2355 SE 17TH ST OCALA FL 34471 US		% STEPHEN J ALBRIGHT 2355 SE 17TH ST OCALA FL 34471 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
					07/21/1981	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26 Suita Amb # 212		59-2113624	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the	current year Intangible
24	25		30		Personal Property Tax due June 30.	Yes No
g, Name and Address of Current Registered Agent				Name	10. Name and Address of New Register	red Agent
ALBRIGHT, STEPHEN J			81	Name		
2355 SE 17TH ST			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
OCALA FL 34471			83	····		
				A::		log little Code
			84	City	1	FL 85 Zip Code
office or re agent. I as SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Flori	thorized by da Statutes	the corporat	poration submits this statement for the purposion's board of directors. I hereby accept the	appointment as registered
12.	Signature, typed or printed name of registered age OFFICERS ANI		Hegistered Age	int signature requir	ed when reinstating) DA ADDITIONS/CHANGES TO OFFICERS	
TITLE	PTD	DELETE	1.1 TITLE	<del>1</del>	ADDITIONS/GNANGES TO CIT TOETIG	Change Addition
NAME	ALBRIGHT, STEPHEN J		1.2 NAME			
STREET ADDRESS	2355 SE 17TH ST		1.3 STREET	ADDRESS		
CITY-ST-ZIP	OCALA, FL 00000		1.4 CiTY - S	T-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE			Change Addition
NAME	ALBRIGHT, CATHY M.		2.2 NAME			
STREET ADDRESS	1425 S.E. 17TH STREET		2.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL	DELETE	2.4 CITY-ST-ZIP		P	Change Addition
TITLE NAME	vp Albright, stephen J Jr	ביי סבנבוב	3.1 TITLE 3.2 NAME	1 7.5	lbright, Stephen J. Jr.	
STREET ADDRESS	1016 SE FT KING ST, 107		3.3 STREET ADDRESS		00 SE 32nd Place	
CITY-ST-ZIP	OCALA FL		3.4. CITY-ST-ZIP		cala, FL 34471	
TITLE	CONERTE	DELETE	4.1 TITLE	3,5-2,11 0.	0010, 12 34471	Change Addition
NAME		_	4.2 NAME			•
STREET ADDRESS		4		ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	T-ZIP		
TIFLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		

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.

5.4 CITY-ST-ZIP

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE: Stephen Ji Albright Jr. KVP

4/10/98

352-622-9191

☐ Addition

**FILED** 

Apr 16 1998 8:00am

Secretary of State

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