SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

SIGNATURE:

FILED NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Oct 01 1998 8:00am ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 Secretary of State DOCUMENT # 724453 (6) THE CHARLOTTE COUNTY BAR ASSOCIATION, INC Principal Place of Business Malling Address P. O. BOX 512 3. Date Incorporated or Qualified 18501 MURDOCK CIRCLE P O BOX 512 **6TH FLOOR** 09/29/1972 PUNTA GORDA FL 33951-7512 PORT CHARLOTTE FL 33948 Applied For 4. FEI Number 23-7350032 Not Applicable 2. Principal Place of Business 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired Fee Required 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 22 27 City & State 7. Is this nonprofit corporation a homeowners association? City & State Yes 23 Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Yes Personal Property Tax due June 30. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name W.K. Russell Street Address (P.O. Box Number is Not Acceptable) 18501 Murdock Circle HEVIA, JESUS M. 82 18501 MURDOCK CIRCLE 63 **6TH FLOOR** 6th Floor PORT CHARLOTTE FL 33948 64 City Zip Code 33948 Port Charlotte 11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, it am familiar with, and accept the obligations of section 617.0503, Florida Statutes.

SIGNATURE

Signature to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, it am familiar with, and accept the obligations of section 617.0503, Florida Statutes.

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Signature to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, it am familiar with, and accept the obligations of sections of the section of the sectio 9/16/98 DATE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 1.1 TITLE TITLE DELETE 1 2 NAME NAME MIZELL, JOHN B. Mizell, John B. 223 TAYLOR ST STREET ADDRESS 1.3 STREET ADDRESS 223 Taylor Street PUNTA GORDA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Punta Gorda, FL 33950 2.1 TITLE TITLE DELETE 2.2 NAME NAME RUSSELL, W. K. Russell, W.K. 2.3 STREET ADDRESS 18501 Murdock Circle, 6th Floor Port Charlotte, FL 33948 18501 MURDOCK CIRCLE, 6TH FLOOR STREET ADDRESS 2.4 CITY-ST-ZIP PORT CHARLOTTE FL CITY-ST-ZIP 3.1 TITLE ★ Addition Change TITLE DELETE 3.2 NAME Kirshy, Russell T. CARR, DAROL H. M. NAME 201 West Marion Avenue, Suite 104 2315 AARON STREET 3.3 STREET ADDRESS STREET ADDRESS Punta Gorda, FL 33950 PORT CHARLOTTE FL 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE Change 🖈 Addition TITLE DELETE STD 4.2 NAME Bell, Peter A. NAME 318 Tamiami Trail, Suite A-8 4.3 STREET ADDRESS STREET ADDRESS Punta Gorda, FL 33950 4.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 6.1 TITLE Change Addition DELETE NAME 6.2 NAME 6 3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FICER OR DIRECTOR

941-625-0700

Date Deptime Phone #