(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

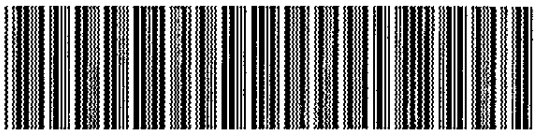
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900038005899

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

CORPORATION

ANNUAL REPORT

1989

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

ZIP + 4

740238 1
BALLAST POINT BAPTIST CHURCH, TAMPA, FLORIDA, IN
5101 BAYSHORE BOULEVARD
TAMPA, FLORIDA 33611-3825

2 Enter Name of Agent of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3 Date of Incorporation or Date First Qualified to Do Business in Florida 09/26/1977

4 Federal Employer Identification Number (FEIN) 59-0704725

5 Date of Last Report 04/26/1988

6 Names and Street Addresses of Each Officer and Director as of December 31, 1988

	Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
1	P	ADKINS, JAMES G.	3110 NAPOLEON AVE.	TAMPA, FL	00000
2	V	DOOZAN, CARL	3219 BAY VISTA	TAMPA, FL	00000
3	S	FITZGERALD, MICHAEL	5217 PURITAN	TAMPA, FL.	
4					
5					
6					

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

ADKINS, JAMES G.
3110 NAPOLEON AVE.
TAMPA, FL
33611

8 Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

Zip Code 85

FL.

9 Pursuant to the provisions of Sections 607.034 and 607.337, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on ____.

I hereby accept the appointment of registered agent. I am familiar with, and I accept the obligations of, Section 607.325, F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10 If a foreign corporation, date first transacted business in Florida

11 See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. (Officer or Director signing must be listed in Block 6.)

Signature James G Adkins

Date 2-8-89

Typed Name of Signing Officer or Director: James G. Adkins

Title: Trustee

Telephone Number: 831-7976

12. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status