FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (1)ROBERT S. YATES & ASSOCIATES, INC. Principal Place of Business Mailing Address 131-D EAST MARION AVE. P. O. BOX 1824 P. O. BOX 1824 **PUNTA GORDA FL 33950** PUNTA GORDA FL 33950 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/31/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2118539 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired City & State City & State 6. Election Campaign Financing Trust Fund Contribution

SIGNATURE:

FILED Apr 06 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

		·				Tract Faring Continuation				
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid the current year Intangible					
24	25	[29] [30]				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
	9. Name and Address of Currer	r Heðistered Aðeur	B1	т.	Name	10, Name and Address of New	Hegistered Agent			
	ORE, JAMES E., III]81	' '	ivaine					
1625 W. MARION AVE.				1 3	Street Addre	ess (P.O, Box Number is Not Accep	otable)			
PUNTA GORDA FL 33950				4						
			83	3						
			84	+7	City		85	Zip C	nde	
			**	7`	Oil)		FL °°	cib O	Juc	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State rn familiar with, and accept the obliga	of Florida. Such change was	authorized b	y th	named corpo ne corporatio	oration submits this statement for the on's board of directors. I hereby ac	e purpose of changil cept the appointmen	ng its t as re	registered agistered	
SIGNATURE										
12.	Signature, typed or printed name of registered age OFFICERS AN		TE. Registered Ag	ent s	signature required	d when reinstating) ADDITIONS/CHANGES TO OF	DATE DIDEO	TODE	10110	
	ST OFFICERS AIN	DELETE	1.1 TITLE			ADDITIONS/CHANGES TO UP	Char		Addition	
TITLE	YATES, ROBERT S				ŀ		الما الما	iye	Addition	
NAME										
STREET ADDRESS	2800 CAMELLIA TERR				DRESS					
CITY-ST-ZIP	PUNTA GORDA, FL 00000	DELETE	1.4 CITY-	S1-2	ZIP					
TITLE	PVP	2.1 TITLE				L_] Char	ige	Addition		
NAME	YATES, ROBERT S	2.2 NAME								
STREET ADDRESS	2800 CAMELLIA TERR		2.3 STREE	T AD	DRESS					
CITY-ST-ZIP	PUNTA GORDA, FL 00000		. 2.4 CITY-	ST-	ZIP					
TALE		DELETE	3.1 TITLE				L Chan	ige	Addition	
NAME			3.2 NAME		}					
STREET ADDRESS			3.3 STREE	T AD	ORESS					
CITY-ST-ZIP			3.4. CITY-	ST-	ZIP					
TITLE		☐ DELETE	4.1 TITLE				Chan	ege.	Addition	
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREE	T AD	DRESS					
CITY-ST-ZIP			4.4 CITY-	ST - Z	ZIP					
TITLE		DELETE	5.1 TITLE				Chan	ige	Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	T AD	ORESS					
CITY-ST-ZIP			5.4 CITY-	ST - Z	ZIP					
TITLE		DELETE	6.1 TITLE				Chan	ge	Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	I AD	DRESS					
CITY-ST-ZIP			6.4 CITY	ST - Z	ZIP					
14. I hereby of indicated officer or of Block 12 of	perify that the information supplied w on this annual report or supplementa director of the corporation or the rece or Block 13 if changed, or on an alta	th this filing does not qualify fannual report is true and acciver or trustee empowered to impert with an address.	or the exemp curate and the execute this	otion at r rec	n stated in S my signature port as requi	Section 119.07(3)(i), Florida Statutet e shall have the same legal effect a ired by Chapter 607, Florida Statute	s. I further certify that is if made under oath es; and that my name	the ir ; that appo	nformation I am an pars in	