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

PROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 1. Corporation Name WARNER, FOX, SEELEY, DUNGEY & SWEET, ATTORNEYS, P.A.

F56374

FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
1100 S. FEDERAL HWY 1100 S. FEDERAL HWY					
POST OFFICE DRAWER 6 STUART FL 34995-0006		POST OFFICE DRAWER 6 STUART FL 34995-0006		DO NOT WRITE IN THIS SPACE	
O I UMAII F	£ 54990-0000	510AN1 12 57555-000		3. Date Incorporated or Qualified	JOI AGE
				11/30/1981	
2. Principa	al Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2140153	Not Applicable
	pt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		b. Cerifficate of Status Desired	Fee Required
City & S	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 co	
24	25		90	Personal Property Tax due June 30.	Yes No
	Name and Address of Currer Address of Currer COV 84 4 4 4 1 1 1 1 1 C	nt Registered Agent	81 Name	10. Name and Address of New Registered	Agent
	FOX, M LANNING		oi ivanie		
1100 SOUTH FEDERAL HWY			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
STUART FL 34994			83		
			84 City		65 Zip Code
				FI FI	-
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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or profiled name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.	Signature, typed or printed name of registered age	UND DIRECTORS (NOTE:	Hegistered Agent signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	VPD	DELETE	1.1 TITLE	ABBITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	WARNER, THOMAS E		1.2 NAME		
STREET ADDRE	4700 ARM DIVED TOAK		1,3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		1.4 City-SI-ZiP		
TITLE	VPSD	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FOX, M LANNING		2.2 NAME		
STREET ADDRE	4000 ANU DOVE OT		2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		2. 4 CITY-ST-ZIP		
TITLE	VPO	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SWEET, GARY L.	_	3.2 NAME		_ • –
STREET ADDRE	4400 MALLANTOIDE TOAIL		3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		3.4. CITY-ST-ZIP		
TITLE	סוק	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DUNGEY, RICHARD J.		4. 2 NAME		
STREET ADDRE	ss 610 OVERLOOK DRIVE		4.3 STREET ADDRESS	•	
CITY-ST-ZIP	STUART FL		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRE	ss		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRE	ss		6.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CITY-ST-ZIP		
44 1-4	47	4 4 1 10 1 1 1 17 1	41	Continue 140 07/09/0 Florida Statistas I further o	and the state of t

Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the informatio indicated on this annual report or supplemental armual 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 apply and dress.