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 # 1. Corporation Name F93324 (4)

ELLIS R. FAUGHT, JR., P.A.

FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								- I TOBINOR IKIN INION UKAN UKIN IKUN KAN	OHUR DIER OIDH DIOR	diğil bibli ibbi	
206 MASON ST BRANDON FL 33511				206 MASON ST BRANDON FL 33511				DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified			
								07/29/1982			
				2a. Mailing Address				4. FEI Number		Applied For	
21 Cuito	Ant # sto	26	=				59-2211221		Not Applicable		
22 SUILE,	Apt. #, etc	27 Suite,	Suite, Apt #, etc.				5. Certificate of Status Desired	1 1	75 Additional e Required		
	City & State			City & State				6. Election Campaign Financing	\$5.	00 May Be	
23				28				Trust Fund Contribution		led to Fees	
Zip			Zip Cour				8. This corporation owes or has paid the current year Intangible				
24 25 26 29 9. Name and Address of Current Reg			29	30				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
			int Registered A	Ageni	81 Name						
FAUGHT, ELLIS R JR							140110				
206 MASON ST						82	Street Addre	ddress (P.O. Box Number is Not Acceptable)			
BRANDON FL 33511						83					
						84	City			Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purportice 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									roose of changir	ng its registered t as registered	
SIGNATURE Signature typed or profited name of registered agent and Mile if appointable (NOTE: Regis							nt eignature require	d when reinstating)	DATE		
12.		OFFICERS A	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	D			☐ DELETE	1.1 10	TLE			Char	nge [] Addition	
HAME FAUGHT, E ELAINE					1.2 NA	ME					
STREET ADDRESS CITY-ST-ZIP BROOKSVILLE FL						REET	ADDRESS				
CITY-ST-ZIP		SVILLE FL		T belete		TY-ST	r-ziP				
TITLE	PD	T 5(1)(0 D 4D		☐ DELETE	2.1 1/1				L. Char	nge 🗀 Addition	
NAME		T, ELLIS R JR			2.2 NA						
STREET ADOP	4	emington Ro. Sville fl					ADDRESS				
CITY-ST-ZIP	BROOK		DELETE 3.1 TE			T-ZIP		Char	nge Addition		
NAME	1				3.2 NA				الماري ري	go	
STREET ADD	icec						ADORESS				
CITY-ST-ZIP	1				3.4. C						
TITLE				DELETE	4.1 717		1-211		☐ Char	ige Addition	
NAME					4. 2 N	AME					
STREET ADD	IESS				4.3 ST	REET	ADORESS				
CITY-ST-ZIP	İ				4.4 CI						
TITLE				DELETE	5.1 TIT				Char	ige 🔲 Addition	
NAME					5.2 NA	ME					
STREET ADDR	IFSS				5.3 ST	REET	ADDRESS				
CITY - ST - ZIP					5.4 CI	TY- ST	r- ZIP				
TITLE				DELETE	6.1 TIT	TLE			Char	ige Addition	
NAME					6.2 NA	ME					
STREET ADDR	iess				6.3 ST	REET	ADDRESS				
CITY-ST-ZIP					6.4 CI	IY-SI	r-ZIP				

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 arrural report or supplemental arrural 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 this receiver or truston 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 of an attachment with an address.

SIGNATURE.

ELLIS R. FAUGHT, JR.