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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000000059 (2)

R. L. SINGLETARY, INC.

Principal Place of Business

Mailing Address

FILED Feb 09 1998 8:00am Secretary of State



9317 FRONT BCH RD #17-A PANAMA CITY BCH FL 32407			8317 FRONT BCH RD #17-A PANAMA CITY BCH FL 32407			DO NOT IMPITE IN THE	00405	
						DO NOT WRITE IN THIS	SPACE	· · · · · · · · · · · · · · · · · · ·
						3. Date Incorporated or Qualified		
						01/03/1997		
2. Principal Pl	lace of Business	<u> </u>	2a. Mailing Address			4. FÉI Number	ļ — — — / /	plied For
21		26	11			35-1303436		Applicable
Suite, Apt.	#, etc.	Suite, Apt.	Sulte, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27					Fee Rec	quired
City & State	9	City & State	City & State			6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added to	
Zip	Country	Zip				8. This corporation owes or has paid the co		
24	25	29				Personal Property Tax due June 30. Yes No		
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
SINGLETARY, RICHARD L					81 Name			
8317 FRONT BCH RD #17-A				82 Street Addre		dress (P.O. Box Number is Not Acceptable)	-	
PANAMA CITY BCH FL 32407								
				83				
				-	0		85 Zip C)odo
				84	City	FI	L 85 Zip C	,oue
11 Pursuant t	to the provisions of Sections 607.	0502 and 607,1508, Flo	rida Statutes	the above	Le-named cor			registered
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.								
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Stonature, trood or printed name of recistered agent and little if applicable. (NOTE; Registered Agent signature required when reinstating) DATE								
12.				13.	int signature requ	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR!	\$ IN 12
TITLE	DCP		DELETE	1.1 TITLE	····	Applitation of the delice to delice to	Change	Addition
			DLLLIL	1.2 NAME				
NAME	SINGLETARY, RICHARD L			1				;
STREET ADDRESS				1.3 STREET				
CITY-ST-ZIP	PANAMA CITY BCH FL 32			1.4 CITY - S	T-ZIP		Ohean	Addition
TITLE	DS		DELETE	2.1 TITLE			Change	Madition 1
NAME	WELLS, RICHARD J			2.2 NAME				
STREET ADDRESS	2250 W 86TH ST #200			2.3 STREET	ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN 46260			2. 4 CITY -	ST-ZIP			
TITLE			DELETE	3.1 TITLE			L Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY-1	ST-ZIP			
TITLE			DELETE	4.1 TITLE			Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY - S	T-ZIP			
TITLE			DELETE	5.1 TITLE			Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY - S				
TITLE			DELETE	6.1 TITLE	. 20		Change	☐ Addition
1				6.2 NAME			_ •	_
NAME					ADDRESS			
			6.3 STREET					
CITY-ST-ZIP				6.4 CITY - S	T-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

1/26/98