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 # F9700004508 (4)

DONAHUE LAW, P.A.

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TITLE

TITLE

TITLE

TITL€

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Principal Place of Business Mailing Address 143 WEST ST. 143 WEST ST. KEENE NH 03431 KEENE NH 03431 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/26/1997 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 02-0474980 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution П Added to Fees 28 Zip Country Zıp Country 8. This corporation owes or has paid the current year Intangible Yes Yes 29 Personal Property Tax due June 30. 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 **R3** 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 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 printed name of registered agent and jitle if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 🔲 DELETE 1.1 TITLE Change Addition DONAHUE, CHARLES A NAME 1.2 NAME 143 WEST ST. 1.3 STREET ADDRESS STREET ADDRESS KEENE NH 03431 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE HILDRETH, THOMAS W NAME 2.2 NAME 143 WEST ST. STREET ADDRESS 2.3 STREET ADDRESS KEENE NH 03431 CITY-ST-ZIP

2. 4 CITY - ST - ZIP

3 4. CITY - ST - ZIP

4.3 STREET ADDRESS

5.3 STREE1 ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST- ZIP

4.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS

4 1 TITLE 4.2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

DELETE

CITY-ST-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 of the receiver or trusted 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 attact them with an address.

SIGNATURE:

1/12/98 (603) 357-2363

Change

Change

Change

Addition

Addition

Addition

Addition

FILED

Jan 28 1998 8:00am

Secretary of State