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

FILED
Jan 29 1998 8:00am
Secretary of State

1998 DOCUMENT # G50334 (3)G.A. REPPLE & COMPANY - INVESTMENT ADVISORS, INC. Principal Place of Business Mailing Address 101 NORMANDY ROAD 101 NORMANDY BLVD SUITE 101 SUITE 101 DO NOT WRITE IN THIS SPACE CASSELBERRY FL 32707 CASSELBERRY FL 32707 3. Date Incorporated or Qualified 07/18/1983 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 59-2320230 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes \quad No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 REPPLE, GLENN A. 101 NORMANDY BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 101 83 CASSELBERRY FL 32707 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 title if applicable (NOTE, Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE. Change TITLE 1.1 TITLE REPPLE, GLENN A NAME 1.2 NAME 4932 TUSKABAY CT. STREET ADDRESS 1.3 STREET ADDRESS WINTER SPRINGS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ___ DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST - ZIP ☐ DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADORESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ■ DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 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 or the receiver of 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 artisess.

SIGNATURE:

REQUIRED

1-12-98

467-339-909

CR2E034 (10/97)