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 # G64923

(7)

FILED Mar 16 1998 8:00am Secretary of State

Principal Place of Business ### ACKSONVILE FL 3207 ### ACKSONVILE FL 3203 ##
JACKSONVILLE FL 32207 ACKSONVILLE FL 32207 DO NOT WRITE IN THIS SPACE
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 10/13/1983 4. FEI Number Not Applicable Sulte, Apt. #, etc. Sulte, Apt. #,
2. Principal Place of Business 2. Mailing Address 4. FEL Number 59-2328199 50/16, Apt. #. etc. 50/16, Apt.
2. Principal Place of Business 2a. Mailing Address 5.92328199
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Registered Agent Personal Property Tax due June 30. Yes No No Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. Yes No No Personal Property Tax due June 30. Yes No No Personal Property Tax due June 30. Yes No No Personal Property Tax due June 30. No Yes No No Personal Property Tax due June 30. No Yes Signature Interest Agent Signature Interest Agent Signature Interest Device of Floridas Statules. No Route Addition No Country Signature Interest Agent Signature Inguled when reinstelling) DATE 11. Piresuant to the provisions of Socions 507 5052 And Solitions of Socions 607 0505, Floridas Statules. No Route Address (P.O.
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. S. Certificate of Status Desired \$8.75 Additional Fee Required
22 27 City & State City & Stat
City & State City & State City & State City & State Country Country State Country State Country State State State Country State
Zip Country Zip Country By Sip
Zip Country Zip Country Sip Signature. Interest and spend and concept the appointment as registered agent of fice or registered agent or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Interest and concept the obligations of Scotlans 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Interest and concept the obligation of the state of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Interest and the state of registered agent and title registered agent agent. I state of registered agent and title registered Agent signature required when reinstelling) Determine 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 of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, fixed or premied name of registered algent and title registered Agent signature required when reinstelling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE MCCULLOUGH, M E 12. NAME 13. STREET ADDRESS JACKSONVILLE, FL. 00000 14. CITY-ST-ZIP DELETE 21. TITLE Change Addition Addition ACCULLOUGH, CATHY 22. NAME SIREET ADDRESS S
24
NCCULOUGH, M.E. 4122 CLEARWATER LANE JACKSONVILLE FL 32223 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 PA City FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 City FL 86 Zip Code 87 City FL 86 Zip Code 88 City FL 85 Zip Code 88 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 81 City FL 85 Zip Code 82 City FL 85 Zip Code 83 City 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 81 City FL 85 Zip Code 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City 88 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 81 A City 82 Sitest Address (P.O. Box Number is Not Acceptable) 84 City 85 Zip Code 86 City 86 City 86 City 86 City 87 City 88 Zip Code 88 Zip Code 89 Zip Code 80
Addition
JACKSONVILLE FL 32223 B4
JACKSONVILLE FL 32223 83 84 City FL 85 Zip Code 11, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 agent and thin if applicable. SIGNATURE Signature, byted or pointed name of registered agent and tillo if applicable. (NOTE: Registered Agent signature required when rehistering) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE NAME MCCULLOUGH, M E 12 NAME SIREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 00000 14 CITY-ST-ZIP NAME MCCULLOUGH, CATHY 4122 CLEARWATER LANE JACKSONVILLE, FL 00000 14 CITY-ST-ZIP NAME MCCULLOUGH, CATHY 4122 CLEARWATER LANE JACKSONVILLE FL Change Addition Addition Addition Addition Addition Change Addition Addition Addition Addition Addition Addition ACCULLOUGH, CATHY 4122 CLEARWATER LANE JACKSONVILLE FL Change Addition Addition Addition
TI. Pursuant to the provisions of Socilons 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, tyried or pented name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating). DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP MCCULLOUGH, M E 12. NAME SIRRET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 00000 14. CITY-ST-ZIP TITLE ST MCCULLOUGH, CATHY 4122 CLEARWATER LANE 13. STREET ADDRESS CITY-ST-ZIP Addition Change Addition Addition Addition Change Addition Addition Change Addition Addition Change Addition Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP ADDRESS ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
11. Pursuant to the provisions of Socilions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP MCCULLOUGH, M E 4122 CLEARWATER LANE CITY-S1-ZIP JACKSONVILLE, FL 00000 DELETE 11 TITLE ST DELETE 12 TITLE ST DELETE 14 CITY-S1-ZIP MCCULLOUGH, CATHY 12 NAME MCCULLOUGH, CATHY 12 NAME STREET ADDRESS CITY-S1-ZIP MCCULLOUGH, CATHY 12 NAME MCCULLOUGH, CATHY 22 NAME STREET ADDRESS 4122 CLEARWATER LANE 13 STREET ADDRESS 14 CITY-S1-ZIP TITLE Change Addition Addition Change Addition Addition Change Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO
11. Pursuant to the provisions of Socilions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP MCCULLOUGH, M E 4122 CLEARWATER LANE CITY-S1-ZIP JACKSONVILLE, FL 00000 DELETE 11 TITLE ST DELETE 12 TITLE ST DELETE 14 CITY-S1-ZIP MCCULLOUGH, CATHY 12 NAME MCCULLOUGH, CATHY 12 NAME STREET ADDRESS CITY-S1-ZIP MCCULLOUGH, CATHY 12 NAME MCCULLOUGH, CATHY 22 NAME STREET ADDRESS 4122 CLEARWATER LANE 13 STREET ADDRESS 14 CITY-S1-ZIP TITLE Change Addition Addition Change Addition Addition Change Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO
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, byried or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12.
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, byted or pointed frame of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
Signature, tyried or printed name of registered agent and lifte if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE NAME MCCULLOUGH, M E STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 00000 14. CITY-ST-ZIP ITILE ST MCCULLOUGH, CATHY 22. NAME MCCULLOUGH, CATHY 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Change Addition Addition Change Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Addition
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME MCCULLOUGH, M E STREET ADDRESS CITY-SI-ZIP TITLE ST MCCULLOUGH, CATHY DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LA DITIONS/CHANGES TO OFFICERS AND DIRECTOR
TITLE DP DELETE 11 TITLE DELETE 11 TITLE NAME MCCULLOUGH, M E SIREET ADDRESS CITY-SI-ZIP JACKSONVILLE, FL 00000 TITLE ST DELETE 21 TITLE NAME MCCULLOUGH, CATHY SIREET ADDRESS ADDRESS 4122 CLEARWATER LANE SIREET ADDRESS ADDRESS 4122 CLEARWATER LANE SIREET ADDRESS 4122 CLEARWATER LANE SIREET ADDRESS 4122 CLEARWATER LANE LONG DELETE 23 STREET ADDRESS
NAME MCCULLOUGH, M E STREET ADDRESS CITY-SI-ZIP JACKSONVILLE, FL 00000 ITILE ST DELETE DELETE 2: TITILE MCCULLOUGH, CATHY STREET ADDRESS 4122 CLEARWATER LANE STREET ADDRESS 422 NAME 2: STREET ADDRESS 422 CLEARWATER LANE 2: STREET ADDRESS 422 CLEARWATER LANE 2: STREET ADDRESS
STREET ADDRESS CITY-SI-ZIP JACKSONVILLE, FL 00000 14 CITY-SI-ZIP TITLE ST MCCULLOUGH, CATHY STREET ADDRESS 4122 CLEARWATER LANE ACCUMENTATION DELETE 2.1 TITLE 2.2 NAME STREET ADDRESS 4122 CLEARWATER LANE 4122 CLEARWATER LANE 2.3 STREET ADDRESS
CITY-ST-ZIP JACKSONVILLE, FL 00000 14 CITY-ST-ZIP TITLE ST DELETE 2.1 TITLE Change Addition NAME MCCULLOUGH, CATHY 2.2 NAME STREET ADDRESS 4122 CLEARWATER LANE 2.3 STREET ADDRESS
TITLE ST DELETE 2.1 TITLE DELETE Addition NAME MCCULLOUGH, CATHY STREET ADDRESS 4122 CLEARWATER LANE 2.3 STREET ADDRESS ACCORDANGE 2.3 STREET ADDRESS
NAME MCCULLOUGH, CATHY STREET ADDRESS 4122 CLEARWATER LANE 2.3 STREET ADDRESS 4000 CAPITAL F. FL.
STREET ADDRESS 4122 CLEARWATER LANE 2.3 STREET ADDRESS 2.3 STREET ADDRESS
IAOVOORBILLE EL
CITY-ST-ZIP JAUNGUNVILLE PL 2.4 CITY-ST-ZIP
TITLE DELETE 3.1 TITLE Change Addition
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-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-ST-ZIP
TITLE DELETE 5.1 TITLE Change Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE DELETE 6.1 TITLE Change Addition
NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 supplies with this ming does not quality for the exemption stated in Section 119.07(3)(f). Forea statules, that the 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.

3/16/25