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

**FILED** PROFIT Jan 23 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # ANCHOR BAY ASSOCIATES, INC. Principal Place of Business Mailing Address % RAY MEYER % RAY MEYER 820 WOODLAND BAYOU DR 820 WOODLAND BAYOU DR DO NOT WRITE IN THIS SPACE SANTA ROSA FL 32459 SANTA ROSA BEACH FL 32459 3. Date Incorporated or Qualified 10/28/1983 2. Principal Place of Business 2a. Mailing Address Applied For 59-2343881 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MEYER, RAY 820 WOODLAND BAYOU DR 82 Street Address (P.O. Box Number is Not Acceptable) SANTA ROSA BCH. FL 32459 83 **R4** City 85 Zip Code Fl 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 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ĎΡ DELETE Change Addition 1.1 TITLE TITLE MEYER, RAY NAME 1.2 NAME 820 WOODLAND BAYOU DR STREET ADDRESS 1.3 STREET ADDRESS SANTA ROSA BCH. FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition DVS TITLE 2.1 TITLE MEYER, CAROL NAME 2.2 NAME 820 WOODLAND BAYOU DR 2.3 STREET ADDRESS STREET ADDRESS SANTA ROSA BCH. FL 2. 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST- ZIF DELETE Change Addition TITLE 4.1 TITLE 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 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE

14. I hereby certify that the information supplied with this filling 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 charged, or or an attachment with an address. SIGNATURE:

6.2 NAME 6 3 STREET ADDRESS

6.4 CITY - ST - ZIP

NAME

STREET ADDRESS CITY - ST - ZIP

E034