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FILED  
Feb 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G73215 (7)

1. Corporation Name

OSPREY SALES & SERVICE CO., INC.

Principal Place of Business

Mailing Address

% KENT J. ANDERSON  
8075 S. BENEVA RD #6  
SARASOTA, FL 34238-2906

% KENT J. ANDERSON  
8075 S. BENEVA RD #6  
SARASOTA, FL 34238-2906

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1983

4. FEI Number

59-2350215

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business  
21 128 Main Street  
Suite, Apt. #, etc.

2a. Mailing Address  
26 128 Main Street  
Suite, Apt. #, etc.

22 City & State  
23 Osprey, FL

27 City & State  
28 Osprey, FL

24 Zip 34229 25 Country

29 Zip 34229 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, KENT J.  
8075 S. BENEVA RD #6  
SARASOTA FL 33583

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7101 S. Tamiami Trail, Suite A

83

84 City  
Sarasota

FL

85 Zip Code  
34231

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME KOMAREK, RAYMOND  
STREET ADDRESS 128 MAIN ST  
CITY-ST-ZIP OSPREY, FL 00000

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE TS  
NAME KOMAREK, NORMA L  
STREET ADDRESS 128 MAIN STREET  
CITY-ST-ZIP OLPREY, FL 00000

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
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 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:

Raymond J. Komarek

2/23/98

941-966-6667

CR2E034 (10/97)