

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H20776** **H20776**
1. Corporation Name

Outcalt & Associates, Inc.

Principal Place of Business: **3531 NW 19th PL
Gainesville, FL 32605**
Mailing Address: **SAME**

FILED

98 SEP -9 PM 2:56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3531 NW 19th PL		2a. Mailing Address 26 SAME		4. FEI Number 59-2447386		Applied for Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23 Gainesville, FL		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24 32605		Country 25 ALACHUA		Zip 29		Country 30	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent

**Outcalt, Joseph K.
3531 NW 19th PL
Gainesville, FL 32605**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 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

By ☐ Registered or qualified Secretary of State 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Outcalt, Joseph K.	1.2 NAME	
STREET ADDRESS	37 Bartlett Drive	1.3 STREET ADDRESS	600002639066--0
CITY-ST-ZIP	Sharpsburg, GA 30277	1.4 CITY-ST-ZIP	-09/14/98--01144--020
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Outcalt, Catherine A.	2.2 NAME	
STREET ADDRESS	37 Bartlett Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Sharpsburg, GA 30277	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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:

Joseph K. Outcalt

8-31-98

352-873-2200

770-502-9550

CR2E034 (5/98)

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COPY

August 12, 1998

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To whom this may concern:

My family business, Outcalt and Associates, Inc., has been incorporated in Florida since 1984. We have always used a PO Box in Gainesville for all mail.

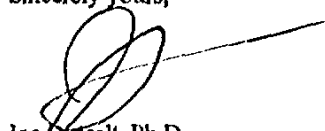
Due to budget reasons, we have implemented several changes. Notably, we have switched to a home base business in Florida, Georgia, and Nevada. I currently live in Georgia and my cousin, and office manager for 16 years, resides in Gainesville. I am semi-retired and commute to Gainesville as necessary.

We do not have our corporate annual renewal form(s). Upon completion, my cousin's address will become our new corporate address to correct communication between your office and ours.

As a result of the above-mentioned circumstances, I did not receive the annual report in a timely manner. Can you please send the form to my address in Georgia...and can I officially request that the late penalty be waived?

Thank you for your time and attention.

Sincerely yours,



Joe Outcalt, Ph.D.
President

Return address/phone:

Joe Outcalt
37 Bartlett Drive
Sharpsburg, GA 30277
770-502-9550