**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 01 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)H76953 PRISCILLA S. GERARD, C.P.A., P.A. Principal Place of Business Mailing Address P.O. BOX 185 P.O. BOX 185 BABSON PARK FL 33827 BABSON PARK FL 33827 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/30/1985 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2593548 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 30 Personal Property Tax due June 30. 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GERARD, PRISCILLA S. 1055 S. SCENIC Street Address (P.O. Box Number is Not Acceptable) BABSON PARK FL 33827 **B3** City 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, 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 wi 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE GERARD, PRISCILLA S. 1.2 NAME STREET ADDRESS 830 S SCENIC 1.3 STREET ADDRESS BEBSON PARK FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE GERARD, PRISCILLA S. 2.2 NAME NAME 830 S SCENIC 2.3 STREET ADDRESS STREET ADDRESS BABSON PARK FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change \_\_\_ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZW 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

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 the analysis of 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 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.

6.3 STREET ADDRESS

6.2 NAME

SIGNATURE:

NAME

STREET ADDRESS

Guard

4/98 941-638-1219