## 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 # H84279

(9)

H. GREGG FISHER & SON, INC.

FILED Mar 05 1998 8:00am Secretary of State

| Principal Place of Business   |  | Mailing Address  | Mailing Address          |   | 1   10010   010   101   010   010   110   100   100   10   10   01      | AYDII BIBII BYDII AIBYI BYBYI 1864 |
|---|--|--|--------------------------|---|--|------------------------------------|
| COACHMEN CARWASH<br>CLEARWATER FL 34625<br>US   |  | 23331 US HIGHWAY 19 NORTH<br>CLEARWATER FL 34625<br>US |                          | DO NOT WRITE IN TH                      | HIS SPACE  |                                    |
|   |  |  |                          |   | 3. Date Incorporated or Qualified 11/06/1985   |                                    |
|   | Principal Place of Business 2a, Mailing Address    |  |                          |   | 4. FEI Number  | Applied For                        |
| 21  | # -A-  | 26   |                          |   | 59-2597940   | Not Applicable                     |
| Suite, Apt.   | Suite, Apt. #, etc.                                | .e, Apt. #, etc.                                       |                          | 5. Certificate of Status Desired        | \$8.75 Additional<br>Fee Required  |                                    |
| I City & Stat   | 6  | City & State   | ly & State               |   | 6. Election Campaign Financing   | \$5.00 May Be                      |
| 23  |  | 28   |                          | Trust Fund Contribution                 | Added to Fees  |                                    |
| Zip   | Country  | , ' '  |                          | у                                       | 8. This corporation owes or has paid the   | current year Intangible            |
| 24  | [25]   |  | 30                       |   | Personal Property Tax due June 30.   | Yes No                             |
|   | g, Name and Address of Curre                       | nt Registered Agent                                    | 81                       | T Name                                  | 10. Name and Address of New Register   | ed/Agent                           |
| FISHER, H. G  |  |  |                          | *************************************** |  |                                    |
| 2984 EXETER DRIVE<br>CLEARWATER FL 34625  |  |  | 82                       | Street Addr                             | ess (P.O. Box Number is Not Acceptable)  |                                    |
| "   | EANWAIEN FL 34023                                  |  | 83                       |   |  |                                    |
|   |  |  | 84                       | City                                    |  | BE 7 in Ondo                       |
|   |  |  |                          | , ,                                     |  | 85 Zip Code                        |
| 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-number of fice or registered agent, or both, in the State of Florida. Such change was authorized by the   |  |  |                          |   | oration submits this statement for the purpos  | e 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 age | not and title if applicable (NOTE                      | : Dozistarad As          | ant almost us somulis                   | ed when reinstating) DAT   |                                    |
| 12,   |  | D DIRECTORS  | 13.                      | eur althaithia tadhiis                  | ADDITIONS/CHANGES TO OFFICERS /  |                                    |
| TITLE   |  |  | 1.1 TITLE                |   | ASSETTION OF THE PROPERTY OF T | Change Addition                    |
| NAME FISHER, GREGG  |  |  | 1.2 NAME                 |   |  |                                    |
| STREET ADDRESS 23,331 US HWY 19 N   |  |  | 1.3 STREET ADDRESS       |   |  |                                    |
| CITY-ST-ZIP   |  |  | 1.4 C/TY - S             | ST-ZIP                                  |  |                                    |
| TITLE   | DST  | ☐ DELETE   | 2.1 TITLE                |   |  | ☐ Change ☐ Addition                |
| NAME  | ••••••   |  | 2.2 NAME                 |   |  |                                    |
| \$TREET ADDRESS   |  |  | 2.3 STREET               | į į                                     |  |                                    |
| CITY-ST-ZIP<br>TITLE  |  |  | 2. 4 CITY -<br>3.1 TITLE | ST-ZIP                                  |  | Change Addition                    |
| NAME  | <b>_</b>   |  | 3.1 (IILE<br>3.2 NAME    |   |  | TO CHARINDS TO WORKING II          |
| STREET ADDRESS  |  |  | 3.3 STREET               | AODBESS                                 |  |                                    |
| CITY-ST-ZIP   |  |  | 3.4. CITY-               |   |  |                                    |
| TITLE   |  |  | 4.1 TITLE                |   |  | Change Addition                    |
| NAME  |  |  | 4. 2 NAME                |   |  |                                    |
| STREET ADDRESS  |  |  | 4.3 STREET               | ADDRESS                                 |  |                                    |
| CITY-ST-ZIP   |  |  | 4.4 CITY-S               | IT- ZIP                                 |  |                                    |
| TITLE   |  | DELETE   | 5.1 TITLE                | 1                                       |  | ☐ Change ☐ Addition                |
| NAME  |  |  | 5.2 NAME                 |   |  |                                    |
| STREET ADDRESS  |  |  | 5.3 STREET               | 1                                       |  |                                    |
| CITY-ST-ZIP   |  | DELETE   | 5.4 CITY - S             | T-ZIP                                   |  | Change Addition                    |
| TITLE   |  |  | 6.1 TITLE                |   |  | ☐ Change ☐ Addition                |
| NAME<br>STREET ADDRESS  |  |  | 6.2 NAME                 | ADDOCCO                                 |  |                                    |
| STREET ADDRESS  |  |  | 6.3 STREET               |   |  |                                    |
| CITY-ST-ZIP   | artify that the information applied up             | th this filing does not suglify for                    | 6.4 CITY - S             |   | Postion 440 07/9/// Elecido Ctetutos I Euriba  |                                    |

4. 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 in attachment with an address.

CICNATURE, H

2/21/98

812-797-6809