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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name

H91464

(8)

BOBBY A. PRESNELL AND ASSOCIATES, INC.

FILED Mar 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					e inneinen Ande ibnat billen dieles breit nicht dietet diete diete diete diete diete diete diete diete diete d
	ERCIAL PARK DR., STE.1		1221 COMMERCIAL PARK DR., STE-1		
TALLAHASSE	E FL 32303	TALLAHASSEE FL 32303			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
ļ					12/24/1985
	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21 4230 H	HAYLEIGH DEE DR.	26 4230 HAYLEIGH DEE DR		DEE	DR 59-2625551 Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired Security Securi
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be
23 TA LLA	HASSEE, FL	28 TALLAHASSE	E , F	7	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	ν .	8. This corporation owes or has paid the current year Intangible
24 <i>323</i>		15-1 4 - 4	o 2	EON	Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
HARTSFIELD, PAUL F. JR.				Name	
	8 E. COLLEGE AVE.	62 Street Addre		Street A	ddress (P.O. Box Number is Not Acceptable)
Į TA	LLAHASSEE FL 32301		83		
			•	"	
			84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abov	/e-named c	progration submits this statement for the purpose of changing its registered
office or n	egistered agent, or both, in the State on temperature and accept the obligation	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized b da Statuté	y the corpo	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered A	ent signature n	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	PRESNELL, BOBBY A.		1.2 NAME		
STREET ADDRESS	4230 HAYLEIGH DEE DR.			T ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-	- 1	
TITLE	VP	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JAKS, JACOB R. P.E.	• •	2.2 NAME		
STREET ADDRESS	1812 DOOMAR DRIVE		2.3 STREET ADDRESS		. 10 1910
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CITY+ST-ZIP		**************************************
TITLE	TD	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PRESNELL, BOBBY A.		3.2 NAME		
STREET ADDRESS	4230 HAYLEIGH DEE DR.		3.3 STREE	T ADDRESS	
CITY-S1-ZIP	TALLAHASSEE FL		3.4. CITY-	ST-ZIP	
TUTE	SD SOCCAPELL ALACTIMA	DELETE	4.1 TITLE	ĺ	☐ Change ☐ Addition
HUME	Presnell, Martha 4230 Hayleigh Dee Dr.		4. 2 NAME	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS	TALLAHASSEE FL		1	TADDRESS	
CITY-SY-ZIP- TITLE	VP VP	DELETE	4.4 CITY-	ST-ZIP	Change Addition
NAME	MEARS, MICHAEL K.)Accent	5.1 TITLE 5.2 NAME		C. Autorida C. Valentia
STREET ADDRESS	RT. 16. BOX 6040			T ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY -		
TITLE		DELETE	6.1 TITLE	31-ZH	Change Addition
NAME			6.2 NAME	l	
STREET ADDRESS				T ADDRESS	
SINCEL MUUNESS	•		D.J SINEE	· NUUNESS	

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

850-562-3014