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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # J04344

(4)

OUTLAW, RICE, SOYKA & SWEENEY, INC.

Principal Place of Business

1222 N HARBOR CITY BLVD MELBOURNE FL 32935-7021 Mailing Address

1222 N HARBOR CITY BLVD MELBOURNE FL 32935-7021

FILED Feb 03 1998 8:00am Secretary of State



| MELBOURNE FL 32935-7021 | | MELBOURNE FL 32935-7021 | | DO NOT WRITE IN THIS SPACE | |
|---|-------------------------------------|-------------------------------------|---------------------|--|-----------------------------|
| | | | | 3. Date Incorporated or Qualified | |
| | | | | 03/17/1986 | |
| | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-2657865 | Not Applicable |
| | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | 5. Continues of Clares Scone | Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the cu | |
| 24 | 25 | | 30 | Personal Property Tax due June 30. 10. Name and Address of New Registered | Yes No |
| 9. Name and Address of Current Registered Agent | | | | 10, Name and Address of New Registered | Agent |
| OUTLAW, BEVILLE S., JR. | | | 81 Name | | |
| 1222 N HARBOR CITY BLVD | | | 82 Street Addre | ess (P.O. Box Number is Not Acceptable) | |
| MELBOURNE FL 32935 | | | 83 | | |
| | | | 83 | | |
| | | | 84 City | FI | 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, 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| 12, | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTORS IN 12 |
| TITLE | PD | DELETE | 1,1 TITLE | | ☐ Change ☐ Addition |
| NAME | OUTLAW, BEVILLE S. | | 1.2 NAME | | |
| STREET ADDRESS | 1222 N HARBOR CTY BV. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE FL | | 1.4 CITY - ST - ZIP | | |
| TITLE | SVTD | DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RICE, JOHN B. | | 2.2 NAME | | į |
| STREET ADDRESS | 1222 N HARBOR CTY BV. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE FL | | 2. 4 CITY-ST-ZIP | | |
| TITLE | VS | DELETE | 3,1 TITLE | | Change Addition |
| NAME | SOYKA, MATTHEW A. | | 32 NAME | | |
| STREET ADDRESS | 1222 N. HARBOR CTY, BV | | 3.3 STREET ADDRESS | | |
| City-St-Zip | MELBOURNE FL | | 3.4, CITY-ST-ZIP | | |
| TITLE | VAS | DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SWEENEY, MICHAEL J. | | 4. 2 NAME | | |
| STREET ADDRESS | 1222 N. HARBOR CTY BV | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE FL | | 4.4 City-ST-ZIP | | • |
| TITLE | WILL WILL I L | DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5 2 NAME | | _ , |
| STREET ADDRESS | | | 5 3 STREET ADDRESS | | |
| | | | 5.4 CITY-ST-ZIP | | |
| CITY - ST - ZIP TITLE | | DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | • | |
| STREET ADDRESS | | | 6,3 STREET ADDRESS | | |
| | | | | | |
| CITY-ST-ZIP | ordy that the intermedian appoint w | th this filling does not qualify to | 6.4 CITY - ST - ZIP | Section 119 07(3)(i) Florida Statutes I further o | artify that the information |

4. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report. True and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of 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 changes, or or an attemment with an address.

CICNIATUDE.

Matthew A. Soyka

1/21/00