

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **J06021** (6)
1. Corporation Name
JON S. PRUDEN, INC.



Principal Place of Business 534 PINELLAS BAYWAY UNIT 205 TIERRA VERDE FL 33715	Mailing Address 534 PINELLAS BAYWAY UNIT 205 TIERRA VERDE FL 33715
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1110 PINELLAS BAYWAY Suite, Apt. #, etc. 22 SUITE 208 City & State 23 TIERRA VERDE, FL Zip 24 33715		2a. Mailing Address 26 1110 PINELLAS BAYWAY Suite, Apt. #, etc. 27 SUITE 208 City & State 28 TIERRA VERDE, FL Zip 29 33715 Country 30 USA		3. Date Incorporated or Qualified 04/01/1986	4. FEI Number 59-2661321 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PRUDEN, JON S
18860 US 19N SUITE 161
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent

81 Name JON S. PRUDEN	85 Zip Code 33715
82 Street Address (P.O. Box Number is Not Acceptable) 1110 PINELLAS BAYWAY	
83 SUITE 208	
84 City TIERRA VERDE	85 FL

11. Pursuant to the provisions of Sections 607.0505 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]
Signature, typed or printed name of registered agent and title if applicable

JON S. PRUDEN

(NOTE: Registered Agent signature required when reinstating)

4/23/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRUDEN, JON S	1.2 NAME	PRUDEN, JON S.
STREET ADDRESS	534 PINELLAS BAYWAY #205	1.3 STREET ADDRESS	1110 PINELLAS BAYWAY, SUITE 208
CITY-ST-ZIP	TIERRA VERDE FL 93715	1.4 CITY-ST-ZIP	TIERRA VERDE, FL 33715
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* **JON S. PRUDEN, PRES** **4/23/98** **813**
864-3099

REC-034 (10/97)