

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

**FILED**  
**May 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J23613 (9)**

1. Corporation Name  
**ANL ASSOCIATES, INC.**



Principal Place of Business <b>4306 PABLO OAKS COURT                  JACKSONVILLE FL 32224                  US</b>	Mailing Address <b>P.O. BOX 16469                  JACKSONVILLE FL 32224                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>07/08/1986</b> 4. FEI Number <b>59-2691688</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**COGGIN, LUTHER W  
 4306 PABLO OAKS COURT  
 JACKSONVILLE FL 32224**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>PDC</b> <input type="checkbox"/> DELETE
NAME	<b>COGGIN, LUTHER W.</b>
STREET ADDRESS	<b>4306 PABLO OAKS COURT</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>TOMM, CHARLES B</b>
STREET ADDRESS	<b>4306 PABLO OAKS COURT</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>TS</b> <input type="checkbox"/> DELETE
NAME	<b>MARLETTE, LINDA</b>
STREET ADDRESS	<b>4306 PABLO OAKS COURT</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GALLAGHER, WILMA S.</b>
STREET ADDRESS	<b>4306 PABLO OAKS COURT</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>NOBLE, NANCY</b>
STREET ADDRESS	<b>4306 PABLO OAKS COURT</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>D/C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 *Linda Marlette Linda Marlette B-4-98 04/10/98 4110*

CR2E034 (10/97)