## 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 #

J48675

(9)

JAMES G. ATKINS & ASSOCIATES P.A.

**FILED** 

May 04 1998 8:00am

Secretary of State

Libra Address	
failing Address	

Principal Place of Business 105 E. LAKE BRANTLEY DR. 105 E. LAKE BRANTLEY DR. LONGWOOD FL \$2779 LONGWOOD FL 32779 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/24/1986 2. Principal Place of Business 2a. Mailing Address 4 FEI Number Applied For 59-2743558 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ATKINS, JAMES G. JR. 105 E. LAKE BRANTLEY DR. Street Address (P.O. Box Number is Not Acceptable) 82 LONGWOOD FL 32779 83 84 City 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 title it applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition TITLE 1.1 TITLE ATKINS, JAMES G. JR. NAME 1.2 NAME 1401 CANAL POINT RD STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD FL 1.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE ATKINS, KATHLEEN NAME 2.2 NAME 1401 CANAL POINT RD 2.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change DELETE Addition 6.1 TITLE TITLE 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 on 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.

4/27/98