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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

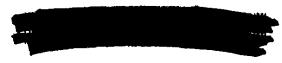
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THE LAW OFFICES OF CHARLES S. ISLER & ASSOCIATES Isler: Som bathy, P.1

FILED Jan 30 1998 8:00am Secretary of State



% CHARLES ISLER. III % CHARLES ISLER, III 434 MAGNOLIA AVENUE 434 MAGNOLIA AVENUE DO NOT WRITE IN THIS SPACE PANAMA CITY FL 32401-3127 PANAMA CITY FL 32401-3127 3. Date Incorporated or Qualified 12/22/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2908039 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\bigcap \text{No}\) No Zip Ζıp Country Country 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ISLER, CHARLES IN 434 MAGNOLIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32401 83 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 if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. VP, S, T Julie Ann Sombatuy 434 Magnolia Alleniae DELETE __ Change Addition TITLE . 1.1 TITLE ISLER, CHARLES S., III NAME 1.2 NAME 434 MAGNOLIA AVENUE STREET ADDRESS 1.3 STREET ADDRESS FL 32401 PANAMA CITY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- 2IP DELETE Addition TITLE 5.1 TITLE NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ DELETE 6.1 TITLE Addition 50000241719 NAME 6.2 NAME -01/30/98--01051--003 ***150.00 STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

14. Thereby 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 trusted 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 additions.

SIGNATURE: