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

Apr 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandre B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # J57426 (5) PATRICIA A. WOOD P.A. Principal Place of Business Mailing Address 132 10TH AVE. N. 132 10TH AV N. DO NOT WRITE IN THIS SPACE SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695 3. Date Incorporated or Qualified <u>02/17/1987</u> 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2758997 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Ζφ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes Yes ■ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WOOD, PATRICIA A. 132 10TH AVE N. Street Address (P.O. Box Number is Not Acceptable) Suite 105 83 SAFETY HARBOR FL 34895 64 City 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, lyped or printed name of registered agent and life if applicable (NOTE: Registered Agent algoriture required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE __ Addition TITLE 1.1 TITLE Change **WOOD, PATRICIA A.** NAME 1.2 NAME 132 10TH AUN #105 STREET ADDRESS 1.3 STREET ADDRESS SAFETY HARBOR FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETÉ Addition 3.1 TITLE Change TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-St-ZiP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5 3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS 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 arrival 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 chapter on an attachment with an address.

CITY-ST-ZIP

SIGNATURE:

FILED

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