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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 08 1998 8:00am Secretary of State

Principal Place of Business **JOHN LYNTON MOFFETT 1778 HYDE PARK ST. SARASOTA FL 34239-2139 (3) Mailing Address **JOHN LYNTON MOFFETT 1778 HYDE PARK ST. SARASOTA FL 34239-2139 (3) Mailing Address **JOHN LYNTON MOFFETT 1778 HYDE PARK ST. SARASOTA FL 34239-2139				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
9 Principal P	lace of Business	2a. Mailing Address		03/31/1987 4. FEI Number Applied For
21 26				59-2799302 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		SR 75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	. — - d		10. Name and Address of New Registered Agent
MOFFETT, JOHN LYNTON 1778 HYDE PARK ST. SARASOTA FL			82 Street A 83 84 City	Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code
SIGNATURE	Stgnature, typed or printed name of registered agr	m and title d applicable (NO	E: Registered Agent signature	
12.	DP OFFICERS AN	D DIRECTORS DELETE	13. 1.1 Title	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 22
NAME STREET ADDRESS	MOFFETT, JOHN LYNTON 1778 HYDE PARK ST.	1	1.2 NAME 1.3 STREET ADDRESS	Voshua & Morrett Change Addition 1778 Aug de Park son Savasota Pl 34239
CITY-ST-ZIP	SARASOTA FL	☐ DELETE	1.4 CITY - ST - ZIP	OANASITA PC 34239 Change Addition
NAME STREET ADDRESS	S GUAY, BONNY 2534 ARLINGTON ST		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	C. Change C. Accounts
CITY-ST-ZIP	SARASOTA FL		2 4 CITY - ST - ZIP	
TITLE		☐ DELETE	3.1 TITLE	Li Change Li Addition
NAME CTREET ADDRESS			3.2 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-\$T-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
NAME		<u></u>	4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		T becete	5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

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 trusten 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 for on an all achimination and ress.

SIGNATURE: