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

STREET ADDRESS

changed or on an attachment with an

CITY-ST-ZIP

May 15 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State **1998** DIVISION OF CORPORATIONS DOCUMENT # J75549 SCANLAN & ASSOCIATES, INC. Principal Place of Business Mailing Address 4401 14TH STREET. NE 4401 14TH STREET. NE ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33703 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/28/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2825689 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zψ Country 8. This corporation owes or has paid the current year Intangible Yos 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent 81 SCANLAN, WILLIAM J 4401 14TH STREET, NE Street Address (P.O. Box Number is Not Acceptable) 82 ST. PETERSBURG FL 33703 83 84 City 85 Zip Code 11. Pursuant to the provisions of Soctions 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 rog stered agent and title if applicable (NOTL: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DIPRESIDENT DELETE Change Addition TITLE 1.1 TITLE **SCANLAN, WILLIAM J.** 1.2 NAME 4401 14TH STREET N.E STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CHY-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 62 NAME

6.3 STREET ADDRESS

William 1 Sead all (OI) 526-3966

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED