

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

FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J75647 (4)

1. Corporation Name: C. T. EARLE MAINTENANCE CO., INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 7001 GIBSONTON DR. GIBSONTON FL 33534 P.O. BOX 733 RIVERVIEW FL 33569-7733

Mailing Address: 7001 GIBSONTON DR. GIBSONTON FL 33534 P.O. BOX 733 RIVERVIEW FL 33569-7733

2. Principal Place of Business:

21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 **33568** 25
2a. Mailing Address:

26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 **33568** 30

3. Date Incorporated or Qualified: 05/29/1987

4. FET Number: 59-2817813 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**EARLE, CHARLES T.
 7001 GIBSONTON DR
 GIBSONTON FL 33534**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0901, 607.0902, 607.0903, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, on the 13th day of February, 1998. 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 provisions of Sections 607.0901, Florida Statutes.

SIGNATURE _____ DATE _____
(Print Name of Agent, Signature Required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|--------------------|------------------------|---------------------------------|
| 11 TITLE | DP | <input type="checkbox"/> DELETE |
| 12 NAME | EARLE, CHARLES T | |
| 13 STREET ADDRESS | 7001 GIBSONTON DR | |
| 14 CITY - ST - ZIP | GIBSONTON FL | |
| 21 TITLE | DST | <input type="checkbox"/> DELETE |
| 22 NAME | EARLE, CHARLES T JR | |
| 23 STREET ADDRESS | 7001 GIBSONTON DR | |
| 24 CITY - ST - ZIP | GIBSONTON FL | |
| 31 TITLE | DVP | <input type="checkbox"/> DELETE |
| 32 NAME | WALDEN, FREDERICK S | |
| 33 STREET ADDRESS | 7001 GIBSONTON DR | |
| 34 CITY - ST - ZIP | GIBSONTON FL | |
| 41 TITLE | DV | <input type="checkbox"/> DELETE |
| 42 NAME | MITCHELL, ALLAN ROBERT | |
| 43 STREET ADDRESS | 7001 GIBSONTON DRIVE | |
| 44 CITY - ST - ZIP | GIBSONTON FL | |
| 51 TITLE | | <input type="checkbox"/> DELETE |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY - ST - ZIP | | |
| 61 TITLE | | <input type="checkbox"/> DELETE |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY - ST - ZIP | |

14. I hereby certify that the information supplied satisfies the filing and 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 supplementary 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 of this report on an after basis with an address.

SIGNATURE: *C. T. Earle* *2/9/98 (113) 677-7603*

CR2E034 (10/97)