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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K76875

(9)

KAVANAUGH ASSOCIATES, INC.

Principal Place of Business Mailing Address % FRANK KAVANAUGH % FRANK KAVANAUGH 3306 ANTIGUA DRIVE 3306 ANTIGUA DRIVE PUNTA GORDA FL 33950-6370 PUNTA GORDA FL 33950-6370

FILED Jan 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/31/1989 2. Principal Place of Business 2a. Maiting Address 4. FEI Number Applied For 26 65-0148785 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. X Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KAVANAUGH, FRANK 3306 ANTIGUA DRIVE Street Address (P.O. Box Number is Not Acceptable) PUNTA GORDA FL 33950-6370 84 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE __ Change ___ Addition TITLE 1.1 TITLE KAVANAUGH, FRANK JAMES NAME 1.2 NAME CR2E034 3306 ANTIGUA DR. 1.3 STREET ADDRESS STREET ADDRESS PUNTA GORDA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE □ DELETE 3.1 TITLE Change Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DEFETE ☐ Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 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

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 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 trystee 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, on an attachment with an address.

SIGNATURE: