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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(5)

P.M. LENHARDT & ASSOCIATES, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						-	INDIK OFBIA DIDIN	81811 B1811 1881
1472 JORDAN		1472 JORDAN HILLS COURT				•		
CLEARWATER	FL 34616	CLEARWATER FL 34616			DO NOT WRITE IN THIS SPACE			
US		US	US		3. Date Incorporated or Qualified			
						06/19/1989		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number Applied For		
21	26					59-2980820		Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional
22		27 City P. Ctoto	City & State					Required
City & State		28	¬ '			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23 Zip	Country	Country Zip Cou				8. This corporation owes or has paid the current fear intangible		
24	25	29	30	ĺ		Personal Property Tax due June 30.	Yes	□No
	9. Name and Address of Current			B1		10. Name and Address of New Register	ed Agent	
BRUNSON, JOHN MORGAN					Name			
1472 JORDAN HILLS COURT CLEARWATER FL 34616				62	Street Addre	ess (P.O. Box Number is Not Acceptable)		
						· · · · · · · · · · · · · · · · · · ·		
				B3				
				84	City	F	85 Z	ip Code
44 5	N. Continue COT OF CO	and CO7 1409 Florida Statut	on the s		named corps	•	e of changin	no its registered
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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Standarder, typed or byold discounted agent and other if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
				d Agei	nt signature require	ADDITIONS/CHANGES TO OFFICERS		OBS IN 12
12. TITLE	PTD	☐ DELETE 1.17				ADDITIONO/OTATICES TO OTHER DESIGNATION	Chang	
NAME	LENHARDT, PETER M.							
STREET ADDRESS				TREET	ADDRESS			1
CITY-ST-ZIP	A - A - MAIN - A - MAIN			TY - \$1	I - ZIP			
TITLE	VSD DELETE 2.1			2.1 TITLE			Chang	ge 🔲 Addition (
HAME	LENHARDT, HELEN K.	235		2.2 NAME 2.3 STREET ADDRESS				
STREET ADDRESS	1472 JORDAN HILLS COURT							
CITY-ST-ZIP	CLEARWATER FL			2. 4 CITY - ST - ZIP			105	- I saustan
TITLE	_		3.1 1			•	Chang	ge L Addition
NAME			3.2 N					
STREET ADDRESS	in the second		1		ADDRESS			
CITY-ST-ZIP		DELETE	3.4. CITY - 4.1 TITLE		I - ZIP		Chane	ge Addition
TITLE NAME			4.2 NAME					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				IFY-S'				
TITLE		DELETE	5.1 1				Chan	ge Addition
NAME			5.2 N	AME				
STREET ADDRESS			53S	TREET	ADDRESS			
CITY-ST-ZIP			540	TY-S	T - ZIP			
TITLE			61 T	1 THILE			Chan	ge 🗌 Addition
NAME			6.2 N	AME				
STREET ADDRESS	_		6.3 S	TREET	ADDRESS			
CITY-ST-ZIP	<u> </u>			ITY-S		0		the inferentian
14. I hereby c	errity that the infortination supplied wit	th an is filing does not qualify f	or the ex	emot	tion stated in S	Section 119.07(3)(i), Florida Statutes. I furthe	r certify that	une iniorrhation [

bees not quality to the exemption stated in section (13.076)(i), religious statutes, i further certify that the information fit is frue and accurate and that my signature shall have the same legal flect as if made under oath; that I am an proposed of to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the c Block 12 or Block 13 if ch

4/27/98

813-446-7383