

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

FILED
Jun 18 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # L01979 (8)

1. Corporation Name
ROGER GRUNKE AND ASSOCIATES, INC.



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|---|---|
| Principal Place of Business 1902 MORRISON AVE. TAMPA FL 33606 | Mailing Address 1902 MORRISON AVE. TAMPA FL 33606 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business 21 1906 MORRISON AVE Suite, Apt. #, etc. | 2a. Mailing Address 26 1906 MORRISON AVE Suite, Apt. #, etc. |
| 22 City & State 23 TAMPA, FL Zip 24 33606 | 27 City & State 28 TAMPA, FL Zip 29 33606 |
| Country 25 USA | Country 30 USA |

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|---|--|
| 3. Date Incorporated or Qualified 07/14/1989 | |
| 4. FEI Number 59-3014277 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|
| 9. Name and Address of Current Registered Agent GRUNKE, ROGER H 1902 MORRISON AVENUE TAMPA FL 33606 | 10. Name and Address of New Registered Agent 81 Name GRUNKE, ROGER H 82 Street Address (P.O. Box Number is Not Acceptable) 1906 MORRISON AVE 83 84 City TAMPA, FL 85 Zip Code 33606 |
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11. Pursuant to the provisions of Sections 607.002 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent 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 a duly qualified person, of, Section 607.050, Florida Statutes.

SIGNATURE: *R. Grunke* 04 June '98
 Signature (Typed or printed name of registered agent and use if applicable) (NOTE: Registered Agent's signature, required when re-registering) DATE

| 12. OFFICERS AND DIRECTORS | | DELETE |
|----------------------------|---------------------------|-------------------------------------|
| TITLE | PSTD | <input type="checkbox"/> |
| NAME | GRUNKE, ROGER H | |
| STREET ADDRESS | 1902 MORRISON AVE. | |
| CITY-ST-ZIP | TAMPA FL 33606 | |
| TITLE | V | <input checked="" type="checkbox"/> |
| NAME | FORD, GEORGE T | |
| STREET ADDRESS | 412 S MELVILLE AVE | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | V | <input checked="" type="checkbox"/> |
| NAME | SONOFF, GEORGE I | |
| STREET ADDRESS | 4711 CRESTHILL DR | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|--------------------------|-------------------------------------|--------------------------|
| 1.1 TITLE | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | 1906 MORRISON AVE | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

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 trustee 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, or on an attachment with an address.

SIGNATURE: *W. Grunke* 04 June '98

CR2E034 (10/97)