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

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

## Mar 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)FYNE, INC. Principal Place of Business Mailing Address 1834 HERMITAGE BLVD. 1834 HERMITAGE BLVD. SUITE 201 SUITE 201 TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/12/1989 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2992198 21 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Zw Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOTTICE, HOMER J. 2111 N MONROE 6T #203 Street Address (P.O. Box Number is Not Acceptable) 82 TALLAHASSEE PL 32909 83 Ste 201 84 Pursuant to the provis office or registered a agent. I am familiar wi of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 accept the accept the appointment as registered accept the acceptance and accept the acceptance a (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 DELETE 1.1 TIME TITLE MOTTICE, HOMER J. 1.2 NAME NAME 1834 Hermitage Blud, Ste 201 2111 N MONROE ST #203 1.3 STREET ADDRESS STREET ADDRESS TALLAHAGGEE FL-1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 2 1 TITLE MOTTICE, JOHN P NAME 2.2 NAME 2111 N. MONROE OT.; APT.-203 STREET ADDRESS 23 STREET ADDRESS TALLAMASSEE FL-2. 4 City-St-ZiP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STRFE1 ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition 41 TITLE TiTt F 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETÉ Change ☐ Addition 61 TITLE TITLE MALIE 6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

H. Jan Mottice

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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed are or an attachment with any address.

**FILED** 

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