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

FILED
Jun 25 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 # L16332 (3)

1. Corporation Name
RIGGS, STOREY, FULMER & INGRAM, P.A.

Principal Place of Business
348 SW MIRACLE STRIP PKWY.
STE. 34
FT. WALTON BCH. FL 32548
US

Mailing Address
348 SW MIRACLE STROP PKWY.
STE. 34
FT. WALTON BCH. FL 32548
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/13/1989

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
59-2962592
☐ Applied For
☐ Not Applicable

Suite, Apt. #, etc
22

Suite, Apt. #, etc.
27

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

City & State
23

City & State
28

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

Zip 24 Country 25

Zip 29 Country 30

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

~~FLEET, BART ESQUIRE~~
~~1201 NORTH EGLIN PARKWAY~~
~~SHALIMAR FL 32579~~

10. Name and Address of New Registered Agent

81 Name: D. Timothy Herndon
82 Street Address (P.O. Box Number is Not Acceptable): 4502 Highway 20 East, Suite A
83
84 City: Niceville, FL 85 Zip Code: 32578

11. Pursuant to the provisions of Sections 607.0502 and 617.1508, 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 _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	RIGGS, STEVE	
STREET ADDRESS	348 SW MIRACLE STRIP PKWY., #34	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE	SD	☐ DELETE
NAME	STOREY, PAUL	
STREET ADDRESS	348 SW MIRACLE STRIP PKWY., #34	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE	TD	☐ DELETE
NAME	FULMER, TIM	
STREET ADDRESS	1077 HWY 98 E	
CITY-ST-ZIP	DESTIN FL	
TITLE	VD	☐ DELETE
NAME	MARTIN, LILLIAN G	
STREET ADDRESS	1348 CARMICHAEL WAY	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	VD	☐ DELETE
NAME	HERNDON, TIMOTHY D	
STREET ADDRESS	4502 HWY. 20 E., STE. A	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	VD	☐ DELETE
NAME	INGRAM, PHYLLIS S	
STREET ADDRESS	1348 CARMICHAEL WAY	
CITY-ST-ZIP	MONTGOMERY AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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 my address.

SIGNATURE: _____

CR2E034 (10/97)