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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L39172

(6)

FILED Mar 09 1998 8:00am Secretary of State

Principal Plac	YER SUPPORT SERVICES, se of Business scoogins	Mailing Address C/O KIRK A. SCOGGINS	0.075.000		
TAMPA FL 33	TSHORE BLVD., STE. 800	1211 N. WESTSHORE BLVI TAMPA FL 33607	J., S1E, 800	DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	······································
				12/29/1989	
2. Principal P	Place of Business	2a. Mailing Address	······································	4. FEI Number	Applied For
21		26		59-2988443	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	10	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	7(p	Country	8. This corporation owes or has paid the	
24	25		30	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Curre	nt negistered Agent	81 Name	10. Name and Address of New Register	ea Agent
	OGGINS, KIRK A.		Name		
1211 N WESTSHORE BLVD			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	E 800		83		
TAI	MPA FL 33607		63		
			84 City		85 Zip Code
44 Purcuant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statuta	s the above-named corn		
office or r agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registerist as		athorized by the corporation Statutes. Registered Agent signature requires	oration submits this statement for the purposon's board of directors. I hereby accept the	
12.		ND DIRECTORS	T 13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PCD	☐ DELETE	1.1 TOLE		☐ Change ☐ Addition
NAME	SCOGGINS, KIRK A.		1.2 NAME		
STREET ADDRESS	1901 BROOKLINE		1.3 STREET ADDRESS		
CITY-SY-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELETE	21 TITLE		Change Addition
NAME	MILLS, STEVEN C.		2 2 NAME		
STREET ADDRESS	1000 HORATIO AVE, STE 11	0	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DETELE	3.1 TITLE		☐ Change ☐ Addition
NAME	TROY FOWLER		3.2 NAME		
STREET ADDRESS	1902 WYKAGYL		3.3 STREET ADDRESS		j
CITY-ST-ZIP TITLE	TAMPA FL	XXDELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME	RYAN, LINDA S	XX	4.2 NAME La	Vigne, Eaton	Change XX Addition
STREET ADDRESS			4.3 STREET ADDRESS 504	Running Horse	
CITY-ST-ZIP	BRADENTON FL		44 CITY-SY-ZIP Set	ffner, Florida 33584	
TITLE	V	DELFTE	51 TITLE		Change Addition
NAME	BYERS, ROBERT R		5 2 NAME		. —
STREET ADDRESS	107 S WOODLYNNE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	TV	DELETE	6.1 TITLE TV		Change Addition
NAME	KOCH, TERRY M		62 NAME KOC	ch, Terry M	
STREET ADDRESS	4307 GAINSBOROUGH CT		6.3 STREET ADDRESS 137	36 Chestersall Dr.	
CITY-ST-ZIP	TAMPA FL			pa, Florida 33624	
		with this films door not qualify for		Section 119.07(3)(i), Florida Statutes. I furthe	a a praife, the at the Information

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 is supplied exercise and that my signature shall have the same legal effect as if made under eath; 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 attachagent with an address.

SIGNATURE:

IM lu

TERRY M KOCH

2/18/98

8132891981