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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morti am

Secretary of State
DIVISION OF CORPORATIONS

FILED May 15 1998 8:00am Secretary of State

DOCUI 1. Corporation JAMES	MENT # L40760 J. VREDEVOOGD, INC.	(5)			
Principal Place of Business 1300-B ENTERPRISE DRIVE PORT CHARLOTTE FL 33953 US		Mailing Address C/O JAMES J. VREDEVOOGD P. O. BOX 1147 MURDOCK FL 33938			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
2. Principal Place of Business		2a. Mailing Address			01/08/1990 4. FEI Number Applied For
21		26			65-0171807 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5 Certificate of Status Desired \$8.75 Additional
City & State		City & State			Fee Required
23	8	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees
Zip	Country	ZIp	Cour	itry	8. This corporation owes or has paid the current year Intangible
24		29	30		Personal Property Tax due June 30.
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Registered Agent
	edevoogd, james j. 271-a rampart blyd				
PUNTA GORDA FL 33983			['	82 Street	et Address (P.O. Box Number is Not Acceptable)
	, A		Ī	83 190	100-B Enterprise Dr.
	•		1	84 Eity	95 Zin Code
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statu	les the ah	Nemsnawo	ed corporation submits this statement for the nurpose of changing 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.					
SIGNATURE					
12.	Signature, typed or printed name of registered agent OFFICERS AND		IE: Aegislered	Agent signature	turo required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D OFFICE HORSE	DELETE	1.1 TITL	.E	Change Addition
NAME	VREDEVOOGD, JAMES J.		1.2 NAM	AE.	8.1 49 0.50 A.B
STREET ADDRESS	1060 MALAY TERRACE		1.3 STR	EFT ADDRESS	s 2210 SW Addison AR Accodia FL 34266
CITY-ST-ZIP	PORT CHARLOTTE FL	Desert		r-S1-ZIP	
TITLE		DELETE	2.1 TITL	ì	Change L Addition C
NAME STREET ADDRESS			2.2 NAM	AE EET ADDRESS	
CITY-ST-ZIP			- 1	Y-ST-ZIP	
TITLE		DELETE	3.1 TITL		☐ Change ☐ Addition
NAME	•		3.2 NAM	AE	
STREET ADDRESS				FET ADDRESS	s
CITY-ST-ZIP TITLE		DELETE		Y-ST-ZIP	Change Addition
NAME		beere	4.1 101L 4.2 NA		
STREET ADDRESS				EET ADDRESS	s
CITY-ST-ZIP	_			(-ST-ZIP	
TITLE		DELETE	5.1 TITL	E	☐ Change ☐ Addition
NAME			5.2 NAN		
STREET ADDRESS				EE1 ADDRESS	S
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITL	r-ST-ZIP	Change Addition
NAME		L. J DELETE	6.2 NAM		Culturge C Addition
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP			4	1-S1-2IP	·
	ertify that the information supplied with	this filing does not qualify f			ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this armual report or supplicatertal 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on in anachment with an address.

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