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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of Sta DIVISION OF CORPO

**DOCUMENT #** L64107

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FREEDOM FIRST, INC.

RATIONS	Secretary of State
	Societal y of State



**FILED** 

Feb 06 1998 8:00am

Principal Place of Business Mailing Address C/O JOSEPH D. LOSCH C/O JOSEPH D. LOSCH 2700 GARDEN ST. . PO BOX 401 2700 GARDEN ST. , PO BOX 401 MALABAR FL 32950 MALABAR FL 32950 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/09/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3001189 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LOSCH, JOSEPH D. 81 Name 2700 GARDEN STREET Street Address (P.O. Box Number is Not Acceptable) PO BOX 401 83 MALABAR FL 32950 City 85 Zip Code 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 Signature, typed or printed name of registered agent and little if applicable (NOTE. Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition LOSCH, JOSEPH D. NAME 1.2 NAME **CR2E034** 2700 GARDEN STREET STREET ADDRESS 1.3 STREET ADDRESS MALABAR FL CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition LOSCH, NANCY M. NAME 2.2 NAME 2700 GARDEN STREET STREET ADDRESS 2.3 STREET ADDRESS MALABAR FL CITY-ST-ZIP 2, 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Addition 4.1 TITLE Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DFLFTF Change noitibbA 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY~ST~ZIP

14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 officer or director of the corporation or the receiver or trustee empowered to Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

407-952-4132