

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

FILED

May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L71497 (6)
1. Corporation Name
PORT CHARLOTTE SERVICE CORP.

Principal Place of Business LEGAL DIVISION 225 WATER ST. JACKSONVILLE FL 32202 US	Mailing Address LEGAL DIVISION 225 WATER ST. JACKSONVILLE FL 32202 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/04/1990	
				4. FEI Number 65-0190835	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				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 THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 NAYS STREET SUITE 105 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	3 MILLER, JERRY M. JR.	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP	301 S. COLLEGE ST. CHARLOTTE NC	2.1 TITLE	2.2 NAME
	☐ DELETE	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	0 HODNETT, BRYON E	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
CITY - ST - ZIP	225 WATER ST. JACKSONVILLE FL	4.1 TITLE	4.2 NAME
	☐ DELETE	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	0 MITCHELL, JOHN A. III	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
CITY - ST - ZIP	225 WATER ST. JACKSONVILLE FL	6.1 TITLE	6.2 NAME
	☐ DELETE	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
TITLE	NAME	PR 6/30/98	
STREET ADDRESS			
CITY - ST - ZIP			
	☐ DELETE		
TITLE	NAME		
STREET ADDRESS			
CITY - ST - ZIP			
	☐ DELETE		

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 (as an attachment) with an address.

SIGNATURE: John A. Mitchell III JOHN A. MITCHELL III 4/20/98 704/361-3651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MO/YR