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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

HOLMES BEACH FL 34217

2905 AVENUE "C"



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

3.

DOCUMENT # L93399

(8)

Mailing Address

2905 AVENUE "C"

HOLMES BEACH FL 34217

SHIRLEY OTEY ENTERPRISES, INC.

Secreta	ry of State
DO NOT WRITE IN	THIS SPACE
Date Incorporated or Qualified	
08/10/1990	
FEI Number	Applied For
65-0209479	Not Applicable

FILED

Jan 20 1998 8:00am

2. Principal Place of Business 2a. Mailing Address 4. 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible X Yes 29 30 Personal Property Tax due June 30. □ No 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name OTEY, SHIRLEY 2905 AVENUE "C" Street Address (P.O. Box Number is Not Acceptable) 82 **HOLMES BEACH FL 34217** 83 84 City Zip Code 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 Signature, typed or printed name of registured agent and title if applicable (NOT) Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE OTEY, SHIRLEY NAME 1.2 NAME 2905 AVENUE "C STREET ADDRESS 3909 E. BAY DR., STE. 110 1.3 STREET ADDRESS CITY-ST-ZIP HOLMES BEACH FL 14 CITY-ST-ZIP HOLMES BEACH Change DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 HTLF NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 2(P DELETE Change ☐ Addition 5.1 TILLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-S1-ZIP 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 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 attachment with an address.

SHIPLEY NACH ROSE

Shirt Ata 12/8/197 (041) 720 7527