

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

FILED

**Feb 27 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M69905 (1)

1. Corporation Name
ROBERT J ELDREDGE CO.



Principal Place of Business 3580 W HWY 44 INVERNESS FL 32650	Mailing Address 3580 W HWY 44 INVERNESS FL 32650
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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
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3. Date Incorporated or Qualified 02/23/1988	4. FEI Number 59-2864155	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**ELDREDGE, ROBERT J.
3580 W. HWY. 44
INVERNESS FL 32650**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ELDREDGE, ROBERT J.		1.2 NAME ELDREDGE PATRICIA A	
STREET ADDRESS 3580 W. HWY. 44		1.3 STREET ADDRESS 1863 Elderberry Lane	
CITY-ST-ZIP INVERNESS FL		1.4 CITY-ST-ZIP INVERNESS FL 34450	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE Jonathan R. Eldredge	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ELDREDGE, ROBERT J.		2.2 NAME 6070 E TENISON ST.	
STREET ADDRESS 3580 W. HWY. 44		2.3 STREET ADDRESS INVERNESS FL 34452 VP	
CITY-ST-ZIP INVERNESS FL		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELDREDGE, ROBERT J.		3.2 NAME	
STREET ADDRESS 3580 W. HWY. 44		3.3 STREET ADDRESS	
CITY-ST-ZIP INVERNESS FL		3.4 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DRAZ, LINDA L.		4.2 NAME	
STREET ADDRESS 5480 S. LANDING TERR		4.3 STREET ADDRESS	
CITY-ST-ZIP INVERNESS FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 oath; that I am an officer or director of the corporation or the receiver or trustee employed 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.

SIGNATURE _____ DATE **2/1/98** **352-544-8300**

CR2E034 (10/97)