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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M84090

(3)

A-1 SUPERIOR, INC.

Mailing Address

FILED Jan 22 1998 8:00am Secretary of State



Principal Place of Business 2426 SUCCESS DR % RICHARD C. WALTERS **ODESSA FL 33556** 1328 BELCHER DR. TARPON SPRINGS FL 34689 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/01/1988 2a. Mailing Address
26 2426 Succes 2. Principal Place of Business 4, FEI Number Applied For 21 59-2890763 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State & State 6. Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible 24 Yes Yes 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WALTERS, RICHARD C. 1328 BELCHER DR. 82 TARPON SPRINGS FL 34689 **B3** 84 City 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. (NOTE Registered Agent signature required when reinstating) ed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. Change DELETE TITLE Ď 1.1 TITLE WALLERS, RICHARD C. WALTERS, RICHARD C. NAME 1.2 NAME CRZE034 2426 Success DR. ODESSA, FLORIDA 33 1328 BELCHER DR. STREET ADDRESS 1.3 STREET ADDRESS Tarpon Springs Fl 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition TITLE 21 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 3.4. CITY-ST-2IP CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE ☐ Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS**

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 on an attachment with an address.

1-13-98

(RIX) 372-9442