

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

1

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

FILED  
98 OCT 22 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M 85214**  
1. Corporation Name  
**William B. TIERNAN P.A.**

Principal Place of Business  
**900 Virginia Ave., Suite 59-E**  
**FORT PIERCE, FL 34982**

Mailing Address  
**900 Virginia Ave., Suite 59-E**  
**FORT PIERCE, FL 34982**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 (Above) Suite, Apt. #, etc. 22 <b>59-E</b> City & State 23 <b>FL PIERCE</b> Zip 24 <b>34982</b>	2a. Mailing Address 26 (Above) Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified <b>6-8-88</b>	4. FEI Number <b>650395415</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> 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 <b>William B TIERNAN</b> <b>10 Castle Court</b> <b>FORT PIERCE, FL 34949</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 William B. Tiernan (NOTE: Registered Agent Signature required when reinstating) DATE Sept 15, 1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>William B. TIERNAN</b> <b>10 Castle Court</b> <b>FORT PIERCE, FL 34949</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Robert TIERNAN</b> <b>4907 Myrtle Ave</b> <b>FL Pierce, FL 34982</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: William B. Tiernan P.A. Pres. DATE Sept 15, 1998

CR2E034 (5/98)

2

**BILL TIERNAN, P.A.**  
REAL ESTATE INVESTMENTS AND MANAGEMENT

M85214



THE VIRGINIA AVENUE PROFESSIONAL PLAZA  
800 VIRGINIA AVENUE SUITE 59-E FORT PIERCE, FL 34982

(407) 464-0805

Dear Sir:

The post office changed my address to 10 Castle Court and they did not deliver the notice to pay for 1998 renewal of the Corporation.

We have explained this by phone to a fine person in your agency and were instructed to send you \$150<sup>00</sup>.

Thank you for this service,

Sincerely,

Bill Tiernan, PA