


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N13137 (7)**  
1. Corporation Name  
**COLUMBIAN #1, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>5850 KOFC DRIVE<br/>PORT RICHEY FL 34668</b> | Mailing Address<br><b>P O BOX #388<br/>PORT RICHEY FL 34668<br/>US</b> |
|--|--|

|  |                |
|--|----------------|
| 3. Date Incorporated or Qualified<br><b>01/16/1986</b> | Applied For    |
| 4. FEI Number<br><b>59-3059658</b>                     | Not Applicable |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>    |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                       |                                       |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent  
**ALTMAN, JAMES J  
5539 DELAWARE AVE  
NEW PT RICHEY FL 34652**

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 |
|         |   |    | <b>FL</b> |             |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | PD                        | <input type="checkbox"/> DELETE            |
| NAME           | <b>SUDZNA, EDWARD</b>     |  |
| STREET ADDRESS | <b>1400 KISMERE DR</b>    |  |
| CITY-ST-ZIP    | <b>NEWPORT RICHEY FL</b>  |  |
| TITLE          | S                         | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>BARKER, GEORGE</b>     |  |
| STREET ADDRESS | <b>7708 ABBOTT CT</b>     |  |
| CITY-ST-ZIP    | <b>NEW PORT RICHEY FL</b> |  |
| TITLE          | VPD                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>COYLE, HARRY</b>       |  |
| STREET ADDRESS | <b>3512 NORLAND CT</b>    |  |
| CITY-ST-ZIP    | <b>HOLIDAY FL</b>         |  |
| TITLE          | TD                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>KAPINOS, JOSEPH</b>    |  |
| STREET ADDRESS | <b>6034 SEABREEZE DR</b>  |  |
| CITY-ST-ZIP    | <b>PORT RICHEY FL</b>     |  |
| TITLE          |                           | <input type="checkbox"/> DELETE            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> DELETE            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                  |   |
|--------------------|----------------------------------|---|
| 1.1 TITLE          | VP, D                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |                                  |   |
| 1.3 STREET ADDRESS | <b>1400 KISMERE DR</b>           |   |
| 1.4 CITY-ST-ZIP    | <b>34655</b>                     |   |
| 2.1 TITLE          | PD                               | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>EVANS, Fred</b>               |   |
| 2.3 STREET ADDRESS | <b>7605 CAYUGA DR</b>            |   |
| 2.4 CITY-ST-ZIP    | <b>New Port Richey, FL 34653</b> |   |
| 3.1 TITLE          |                                  | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           |                                  |   |
| 3.3 STREET ADDRESS |                                  |   |
| 3.4 CITY-ST-ZIP    |                                  |   |
| 4.1 TITLE          | T.D.                             | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | <b>CORBETT, Joseph</b>           |   |
| 4.3 STREET ADDRESS | <b>8023 Wildflower Row</b>       |   |
| 4.4 CITY-ST-ZIP    | <b>BAHONET POINT, FL 34667</b>   |   |
| 5.1 TITLE          | S.D.                             | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | <b>MACHER, Richard</b>           |   |
| 5.3 STREET ADDRESS | <b>9130 HAVERFORD LN</b>         |   |
| 5.4 CITY-ST-ZIP    | <b>PORT Richey FL. 34668</b>     |   |
| 6.1 TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 6.2 NAME           |                                  |   |
| 6.3 STREET ADDRESS |                                  |   |
| 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Fred Evans* Feb 1 1988 813  
848-6466

CR2E037 (10/97)