FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N28376

(4)

FILED Jan 21 1998 8:00am Secretary of State

City & State City & State Zip Country St. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	or cable al
C/O TIMOTHY F. JONES TALLAHASSEE FL 32304 C/O TIMOTHY F. JONES TALL	cable al
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country B. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No 10. Name and Address of New Registered Agent	al
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Sint Name and Address of New Registered Agent 10. Name and Address of New Registered Agent	
City & State City & State Zip Country St. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name	
81 Name	
JONES, TIMOTHY F. 82 Street Address (P.O. Box Number is Not Acceptable)	
705 WEST JEFFERSON STREET TALLAHASSEE FL 32304	
TALLARIASSEE FL 32304 84 City 85 Zip Code	
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 regist 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 register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	ed ed
SIGNATURE	
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 1	
	ldition
NAME FRITCHMAN, W.P. 1.2 NAME	Ì
STREET ADDRESS 2413 TAMARAC AVE. 1.3 STREET ADDRESS 1.4 CHY-ST-7/P 1.4 CHY-ST-7/P	ľ
111.01.21.21	dition
NAME TINDALE, ROBERT 22 NAME	UILION 1
2800 SHAMPOCK SOLITH	
STREET ADDRESS 2800 SHAMHOUK SOUTH 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP	
	dition
NAME MAY, DON 32 NAME	
STREET ADDRESS 3048 HUNTINGTON BLVD. 3.3 STREET ADDRESS	-
CITY-ST-ZIP TALLAHASSEE FL 3.4. CITY-ST-ZIP	
	dition
NAME J.C. POWELL 4.2 NAME	١ ١
STREET ADDRESS 705 W. JEFFERSON ST. 4.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32304 4.4 CITY-ST-ZIP	
TITLE D DELETE 5.1 TITLE Change A	dition
NAME MAXWELL, WAYNE 52 NAME	
STREET ADDRESS 2209 YAUPON DR 5.3 STREET ADDRESS	ĺ
CITY-ST-ZIP TALLAHASSEE FL 5.4 CITY-ST-ZIP	-011
TITLE D DELETE 6.1 TITLE Change A	Dition
NAME JONES, TIMOTHY F. 6,2 NAME	- 1
STREET ADDRESS 705 W JEFFERSON ST 6.3 STREET ADDRESS	- 1
CITY-ST-ZIP TALLAHASSEE FL 6.4 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	1

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davime Phone # ____