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May 07 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44262 (6)

1. Corporation Name
CHRISTOPHER HOUSE, INCORPORATED
DBA Christopher Research, INC.

Principal Place of Business 525 8TH AVENUE N. 4401 14th St NE ST. PETERSBURG FL 33703	Mailing Address 525 8TH AVENUE N. 4401 14th St NE ST. PETERSBURG FL 33703
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2. Principal Place of Business 21 4401 14th St N.E.	2a. Mailing Address 26 4401 14th St N.E.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State St. Petersburg, FL	28 City & State St. Petersburg, FL
24 Zip 33703	29 Zip 33703
25 Country	30 Country

9. Name and Address of Current Registered Agent

BUTLER, W. JAMES
2030 DREW STREET
SUITE C
CLEARWATER FL 34625

3. Date Incorporated or Qualified 07/15/1991
4. FEI Number 59-3082473
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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

10. Name and Address of New Registered Agent

81 Name Deborah F. Scanlan
82 Street Address (P.O. Box Number is Not Acceptable) 4401 14th St. N.E.
83
84 City St. Petersburg
85 Zip Code FL 33703

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)

12. OFFICERS AND DIRECTORS

TITLE DPT	<input type="checkbox"/> DELETE
NAME HUGHES, EDWARD J. JR	
STREET ADDRESS 525 8TH AVE NORTH	
CITY-ST-ZIP ST PETERSBURG FL	
TITLE DVS	<input checked="" type="checkbox"/> DELETE
NAME MCNULTY, SISTER JOHN KE	
STREET ADDRESS 6533 9TH AVE NORTH	
CITY-ST-ZIP ST PETERSBURG FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME BUTLER, JAMES	
STREET ADDRESS 2030 DREW ST.	
CITY-ST-ZIP CLEARWATER FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Same
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Director, Vice President, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Deborah F. Scanlan
2.3 STREET ADDRESS	4401 14th St NE
2.4 CITY-ST-ZIP	St. Petersburg, FL 33703
3.1 TITLE	Director, Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Elizabeth A. Wallace
3.3 STREET ADDRESS	9150 Blind Pass Road
3.4 CITY-ST-ZIP	St. Pete Beach, FL 33706
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JS
5.3 STREET ADDRESS	5.7
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	700002524687
6.3 STREET ADDRESS	-05/15/98--01007--033
6.4 CITY-ST-ZIP	***70.00

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 **Deborah F. Scanlan** **4/29/90** **813 526-3966**

CR2E037 (10/97)