

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005135 (8)**

1. Corporation Name

**SOZO, INC.**

Principal Place of Business

**1112 H BEVILLE RD.  
DAYTONA BEACH FL 32114  
US**

Mailing Address

**P.O. BOX 11227  
DAYTONA BEACH FL 32120  
US**



3. Date Incorporated or Qualified

**10/18/1994**

4. FEI Number

**59-3279670**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21 1840 Mason Avenue**

Suite, Apt. #, etc.

**22**

City & State

**23 Daytona Beach FL**

Zip

**24 32117**

Country

**25 U.S.**

2a. Mailing Address

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JULISON, ED  
1124-F BEVILLE RD.  
DAYTONA BEACH FL 32114**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**1840 Mason Avenue**

83

84 City

**Daytona Beach**

FL

85 Zip Code

**32117**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**D  
PRYOR, COREY  
1112 H BEVILLE RD.  
DAYTONA BEACH FL**

1.1 TITLE ☒ Change ☐ Addition

**1.2 NAME  
1.3 STREET ADDRESS  
1840 Mason Avenue  
1.4 CITY - ST - ZIP  
Daytona Beach FL 32117**

TITLE ☐ DELETE

**D  
PRYOR, DANIELLE  
1112 H BEVILLE RD.  
DAYTONA BEACH FL**

2.1 TITLE ☒ Change ☐ Addition

**2.2 NAME  
2.3 STREET ADDRESS  
1840 Mason Avenue  
2.4 CITY - ST - ZIP  
Daytona Beach FL 32117**

TITLE ☐ DELETE

**D  
JULISON, ED  
1112 H BEVILLE RD.  
DAYTONA BEACH FL**

3.1 TITLE ☒ Change ☐ Addition

**3.2 NAME  
3.3 STREET ADDRESS  
1840 Mason Avenue  
3.4 CITY - ST - ZIP  
Daytona Beach FL 32117**

TITLE ☐ DELETE

**D  
JULISON, RENEE  
1124-F BEVILLE RD.  
DAYTONA BEACH FL**

4.1 TITLE ☒ Change ☐ Addition

**4.2 NAME  
4.3 STREET ADDRESS  
1840 Mason Avenue  
4.4 CITY - ST - ZIP  
Daytona Beach FL 32117**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

6.1 TITLE ☐ Change ☐ 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: X

*Ed Julison*

4-15-98

CR2E037 (10/97)