

FILE NOW: FILING FEE IS \$61.25

FILED
May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006121 (5)**

1. Corporation Name

LIMITED X, INC.



Principal Place of Business
**P.O. BOX 3556
SEMINOLE FL 34645**

Mailing Address
**P.O. BOX 3556
SEMINOLE FL 34645**

3. Date Incorporated or Qualified

11/26/1996

4. FEI Number

59-3420111

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EVANS, DEBORAH S
8837 TAMI ST.
SEMINOLE FL**

81 Name

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

83

84 City

FL

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 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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **EVANS, RONALD**
STREET ADDRESS **8837 TAMI ST.**
CITY-ST-ZIP **SEMINOLE FL 33772**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **ANDERSON, SPENCER**
STREET ADDRESS **981 SIMS LANE**
CITY-ST-ZIP **FRANKLIN TN 37084**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **ANDERSON, PHILLIP**
STREET ADDRESS **16429 SUPERIOR ST.**
CITY-ST-ZIP **NORTH HILLS CA 91343**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **P** ☐ DELETE
NAME **SEMPEBUSA, DENNIS**
STREET ADDRESS **P O BOX 3556**
CITY-ST-ZIP **SEMINOLE FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **SVP** ☐ DELETE
NAME **MUTEBI, PAUL**
STREET ADDRESS **P O BOX 3556**
CITY-ST-ZIP **SEMINOLE FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **T** ☐ DELETE
NAME **EVANS, DEBORAH S**
STREET ADDRESS **8837 TAMI ST**
CITY-ST-ZIP **SEMINOLE FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]

4/21/98 813 319 6062

CR2E037 (1097)