


FILE NOW: FILING FEE IS \$61.25

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Mar 06 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N 970000001021**
 1. Corporation Name
PREVENT A LITTER SOCIETY (P.A.L.S.), Inc.

Principal Place of Business Mailing Address
PREVENT A LITTER SOCIETY Same
P.O. Box 5135
ST. AUGUSTINE, FL. 32095

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|--------------------------------|---------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Same as Block 1 | 26 Same as Block 1 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip | Zip |
| Country | Country |
| 24 | 29 |
| 25 | 30 |

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|---|
| 3. Date Incorporated or Qualified FEBRUARY 19, 1997 |
| 4. FEI Number |
| Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input 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 checked="" 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 checked="" type="checkbox"/> No |

| | |
|---|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| EDA L. BOLDY | 81 Name EDA L. BOLDY |
| 510 TWELFTH STREET, N. Bch. | 82 Street Address (P.O. Box Number is Not Acceptable) 510 TWELFTH STREET, N. Bch. |
| ST. AUGUSTINE, FLORIDA | 83 |
| 32095 | 84 City ST. AUGUSTINE FL 85 Zip Code 32095 |

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 **Eda L. Boldy (EDA L. BOLDY)** **March 3, 1998**
 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 | NEDRA WOOLLEY <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | P/D JANET SYDNOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 130 Hilden Rd | 1.2 NAME | 77 ATLANTIC Rd. |
| STREET ADDRESS | ST. AUGUSTINE, FL. | 1.3 STREET ADDRESS | ST. AUGUSTINE, FL. |
| CITY-ST-ZIP | 32095 | 1.4 CITY-ST-ZIP | 32092 |
| TITLE | LEANNE FUGATE <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | VP/D SHARON MULL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 170 CALLE DELKON | 2.2 NAME | 140 RONALD RD. |
| STREET ADDRESS | ST. AUGUSTINE, FL. | 2.3 STREET ADDRESS | ST. AUGUSTINE, FL. |
| CITY-ST-ZIP | 32086 | 2.4 CITY-ST-ZIP | 32095 |
| TITLE | KAREN ODOOR <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | S/D HUNTER BARNETT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 22 ORCHIS Rd | 3.2 NAME | 5924 PINE CREEK DRIVE |
| STREET ADDRESS | ST. AUGUSTINE, FL. | 3.3 STREET ADDRESS | ST. AUGUSTINE, FL. |
| CITY-ST-ZIP | 32084 | 3.4 CITY-ST-ZIP | 32092 |
| TITLE | EDA L. BOLDY <input type="checkbox"/> DELETE | 4.1 TITLE | T/D EDA BOLDY <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 510 TWELFTH ST. N. Bch. | 4.2 NAME | 510 TWELFTH ST. N. Bch. |
| STREET ADDRESS | ST. AUGUSTINE, FL. | 4.3 STREET ADDRESS | ST. AUGUSTINE, FL. |
| CITY-ST-ZIP | 32095 | 4.4 CITY-ST-ZIP | 32095 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | D GAYLE GILMORE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | 13 THIRD STREET |
| STREET ADDRESS | | 5.3 STREET ADDRESS | ST. AUGUSTINE, FL. |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | 32084 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | 300002450183 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | -03/09/98--01015--022 |
| STREET ADDRESS | | 6.3 STREET ADDRESS | ***61.25 |
| 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 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: **Eda L. Boldy (EDA L. BOLDY)** **MARCH 3, 1998 904-824-2234**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)