


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N97000001216 1. Corporation Name Port Richey LLC Chapter Inc. | | | | | |
| Principal Place of Business 8546 Leo Kidd Avenue Port Richey FL | | | Mailing Address 8546 Leo Kidd Ave Port Richey FL | | |
| 2. Principal Place of Business 21 8546 Leo Kidd Ave Suite, Apt. #, etc. | | 2a. Mailing Address 26 8546 Leo Kidd Ave Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 2/27/97 | |
| 22 City & State 23 Port Richey FL | | 27 City & State 28 Port Richey FL | | 4. FEI Number 59-3505727 | |
| 24 Zip 34668 | | 25 Country U.S.A. | | 5. Certificate of Status Desired N/A <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 26 Zip 34668 | | 27 Country U.S.A. | | 6. Election Campaign Financing N/A <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 William L Vinson 110 S Lewis Avenue Tarpon Springs FL 34689 | | | 10. Name and Address of New Registered Agent | | |
| 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 Director <input checked="" type="checkbox"/> DELETE NAME Paul Collins STREET ADDRESS 14115 Plum Lane CITY-ST-ZIP Hudson FL 34667 | | | 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Bud Little 1.3 STREET ADDRESS 5738 Fieldspring Avenue 1.4 CITY-ST-ZIP New Port Richey FL 34655 | | |
| TITLE Director <input type="checkbox"/> DELETE NAME Larry Matter STREET ADDRESS 492 Ranch Rd CITY-ST-ZIP Tarpon Springs FL 34689 | | | 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Ramona White 2.3 STREET ADDRESS 2713 LOWN PLACE 2.4 CITY-ST-ZIP Holiday FL 34691 | | |
| TITLE Director <input checked="" type="checkbox"/> DELETE NAME Tony Musto STREET ADDRESS 1529 Jutland CITY-ST-ZIP New Port Richey FL 34655 | | | 3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Verachel - Hudson 3.3 STREET ADDRESS 8546 Leo Kidd Avenue 3.4 CITY-ST-ZIP Port Richey FL 34668 | | |
| TITLE Director <input checked="" type="checkbox"/> DELETE NAME Carl Wright STREET ADDRESS 5228 Derby Ave CITY-ST-ZIP Spring Hill FL 34608 | | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: Ramona White 3/14/98 (813) 539-4180
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)