

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P35866** (3)
1. Corporation Name
TOM MICHAELS & ASSOCIATES, INC.



Principal Place of Business 2231 VICTORY LANE BIRMINGHAM AL 35216	Mailing Address P.O. BOX 360505 BIRMINGHAM AL 35236
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/09/1991

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 63-0874709 Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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 BARNES, RANDALL 5514 N. DAVIS HIGHWAY SUITE A-106 PENSACOLA FL 32503	10. Name and Address of New Registered Agent 81 Name BARNES, RANDALL 82 Street Address (P.O. Box Number is Not Acceptable) 5514 N. DAVIS HWY 83 Suite A 103 84 City PENSACOLA FL 85 Zip Code 32503
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Randall S. Barnes* DATE **4/24/98**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAME	1.2 NAME	
CITY - ST - ZIP	STREET ADDRESS	1.3 STREET ADDRESS	
	CITY - ST - ZIP	1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAME	2.2 NAME	
CITY - ST - ZIP	STREET ADDRESS	2.3 STREET ADDRESS	
	CITY - ST - ZIP	2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAME	3.2 NAME	
CITY - ST - ZIP	STREET ADDRESS	3.3 STREET ADDRESS	
	CITY - ST - ZIP	3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAME	4.2 NAME	
CITY - ST - ZIP	STREET ADDRESS	4.3 STREET ADDRESS	
	CITY - ST - ZIP	4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAME	5.2 NAME	
CITY - ST - ZIP	STREET ADDRESS	5.3 STREET ADDRESS	
	CITY - ST - ZIP	5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAME	6.2 NAME	
CITY - ST - ZIP	STREET ADDRESS	6.3 STREET ADDRESS	
	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Thomas D. Michaels* DATE **4/3/98** (205) 985-4584

CR2E034 (10/97)