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

Mailing Address

2301 LEON AVE

2a. Mailing Address

Suite, Apt. #, etc.

26

VERO BEACH FL 32960

**PROFIT** CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2301 LEON AVENUE

VERO BEACH FL 32960

2. Principal Place of Business

Suite, Apt. #, etc.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name P9200000054 (6)

R.G. PROCTOR & ASSOCIATES, INC.

22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PROCTOR, ROBERT G **2301 LEON AVE.** Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32960 83 8 City 85 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition PROCTOR, ROBERT G NAME 1.2 NAME 2301 LEON AVE. STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL 32960 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Channe Addition TITLE 2.1 TITLE PROCTOR, NANCY S NAME 2.2 NAME 2301 LEON AVE. STREET ADDRESS 2.3 STREET ADDRESS VERO BEACH FL 32960 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TIRE 31 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

61 THEF

6.2 NAME

DELETE

■ DELETE

14. Thereby 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 or an attachment with an address. 1/17/98

**FILED** 

Apr 27 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified 10/27/1992

65-0377062

5. Certificate of Status Desired

4. FEI Number

STREET ADORESS

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Change

☐ Change

Addition

☐ Addition