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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000002704 (4)

PALMETTO HOLDINGS I, INC.

**FILED** Feb 16 1998 8:00am Secretary of State



						48)
Principal Plac	ce of Business	Mailing Addre	ss			70110 11811 19811 OEILI OIGI 1081
5306 CORTEZ ROAD WEST SUITE 4 BRADENTON FL 34210			6234 E. MERCER WAY MERCER ISLAND WA 98040		DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualified	
9 Principal 6	Place of Business	2a. Mailing Ad	draga		11/06/1992 4. FEI Number	
21	idod of bosinibas	— <u> </u>	ureas			Applied For
Suite, Apt.	# etc	26 Suite, Apt.	# etc		65-0368222	Not Applicable
22		<del>-</del>	27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State			City & State		# Floation Compaign Financing	
23		<del>⊢,</del> .	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country		Cou	untry	8. This corporation owes or has paid the o	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Addre	ss of Current Registered Agent			10. Name and Address of New Registers	
EA	IC D HOWELL			81 Name		
5308 CORTEZ ROAD WEST				82 Street Add	dress (P.O. Box Number is Not Acceptable)	
SU	IITE 4			oz Street Aut	aress (F.O. Box Number is 140t Acceptable)	
BR	ADENTON FL 34210			83		
				84 65		
				84 City	F	85 Zip Code
i mineriori	redistered adeni, or born	ions 607.0502 and 607.1508, Floi , in the State of Florida. Such cha apt the obligations of, Section 60.	けいけん ほぼうた うしげいへんけん	d by the corner	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	of change on its as sistered
SIGNATURE						•
		of registered agent and title if applicable		d Agent signature requ		
12.	DPST	FICERS AND DIRECTORS	13. DELETE 1.1 TI		ADDITIONS/CHANGES TO OFFICERS A	
NAME	JAMERSON, JOHN					☐ Change ☐ Addition
	6234 E MERCER V		1.2 N/			
STREET ADDRESS	MERCER ISLAND			REET ADDRESS		
CITY-ST-ZIP TITLE	MENOCH IODAID		4	TY - S1 - ZIP		Channe   Addison
NAME						Change Addition
STREET ADDRESS			2.2 N/			
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CITY-ST-ZIP				Y - ST - ZIP		
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NAME			6.2 NA	]		C change C Maciful)
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
DITT OF EI			■ 0.4 UH	1-31-2IF		

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 tryan attachment with an address.