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FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000002808 (3)

1. Corporation Name
MOULTRIE SERVICE DISTRICT, INC.



Principal Place of Business
2141B DOBBS RD.
ST. AUGUSTINE FL 32086
US

Mailing Address
P.O. DRAWER 129
ELKTON FL 32033
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/30/1992

4. FEI Number
59-3153102

Applied For
☒ Not Applicable

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

2. Principal Place of Business
21 4 Rohde Ave
Suite, Apt. #, etc.

2a. Mailing Address
26 1152 San Juan Dr.
Suite, Apt. #, etc.

22 St. Augustine, FL
City & State

27 Lady Lake, FL
City & State

23 Zip Country
24 32084 25 St. Johns

28 Zip Country
29 32159 30 Sumter

9. Name and Address of Current Registered Agent

JENNINGS, PAT
2141B DOBBS RD
ST AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME D TONEY, K S
STREET ADDRESS P.O. DRAWER 129 N/A
CITY-ST-ZIP ELKTON FL 32033

TITLE
NAME D JENNINGS, PAT
STREET ADDRESS P.O. DRAWER 129 N/A
CITY-ST-ZIP ELKTON FL 32033

TITLE
NAME D TONEY, JOSEPHINE
STREET ADDRESS P.O. DRAWER 129 N/A
CITY-ST-ZIP ELKTON FL 32033

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

K S Toney

2-27-98 352 754 1171

CR2E034 (10/97)