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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P92000008241 (1) DOCUMENT #

E.B.H. & ASSOCIATES, INC.

FILED Mar 30 1998 8:00am Secretary of State



460 INDIES DRIVE SOUTH DUCK KEY MARATHON FL 33050				150-INDIES-DRIVE-SOUTH- DUCK-KEY- MARATHON-FL-88850-				DO NOT WRITE IN THIS SPACE
						3. Dete Incorporated or Qualified 11/30/1992		
2, Principal Place of Business 2				a. Mailing Address				4. FEI Number Applied For
21				16 P.O. BOX 860238				65-0328464 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired Sec. Pseudod
22								5. Certificate or status Desired Fee Required
City & State			28	City & State ST. AVGUSTINE, FL.			5Z.	B. Election Campaign Financing Trust Fund Contribution Added to Fees
Zip				Zip Country			,	This corporation owes or has paid the current year Intangible
24 3208	32086 25 USA 29			32086 30				Personal Property Tax due June 30.
	urrent Regis	stered Agent				10. Name and Address of New Registered Agent		
Н	IINTON, E E	}				81	Name	•
1	•	DRIVE SOUTH				82	Stroot /	Address (R.O. Rev Number is Not Asceptable)
DUCK KEY MARATHON FL 33050						83	SHEET	Address (P.O. Box Number is Not Acceptable) 300 AUGUSTA CIR
MARATHUNTE 3 3030								
						84	City S7	T. AUGUSTINS FL 85 Zip Code 32086
11. Pursuant	to the provision	ons of Sections 60	7.0502 and 6	07.1508, Florida	Statutes, the	above	e-named	d 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								
SIGNATORE	Signature, typed	or printed name of registr	red agent and title	il applicable.	(NOTE: Rogis	lered Age	erulangia (ne	e required when reinstating) DATE
12.		OFFICER	S AND DIRE			3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THTLE	D			DELE	ETE 1.	.1 TITLE		Change Addition
NAME	HINTO				1.	2 NAME		E. B. HINGERA CIR
STREET ADDRESS 150 INDIES DRIVE SOUTH				1.3 STREET A		ADDRESS	306 40403/11 011	
CITY-ST-ZIP MARATHON FL 33050							ST-21P	E. B. HINTON 300 AUGUSTA CIR 3T. AUGUSTINE, FL. 32086 Change Laddition
TITLE				DELE	ETE 2.	.1 TITLE		Change Addition
NAME					2.	.2 NAME		
STREET ADDRESS					2	3 STAEET	ADDRESS	
CITY-ST-ZIP				·-·	2	4 CITY-	ST-ZIP	
TITLE				☐ DELE	ETE 3	1 TITLE		Change Addition
NAME					3	2 NAME		
STREET ADDRESS					3	3 STREET	ADDRESS	
CITY+ST-ZIP	_				3	4. CITY-	ST-ZIP	'
TITLE	<u> </u>			☐ DELE	ETE 4	.1 TITLE		Change Addition
NAME					4	2 NAME		
STREET ADDRESS					4	3 STREET	ADDRESS	
CITY-ST-ZIP	1				4	4 CITY-S	ST-ZIP	
TITLE				DELE	ETE 5	.1 TITLE		☐ Change ☐ Addition
NAME					5	2 NAME		
STREET ADDRESS	ŀ				5	.3 STREET	ADDRESS	
CITY-ST-ZIP					B	4 CITY-S	ł	
TITLE				DELE		I TITLE		Change Addition
NAME						2 NAME	İ	
STREET ADDRESS							ADDRESS	
						4 CITY-S		
CITY-ST-ZIP	Codifu that the	information supp	lied with this	filing does not a				ted in Section 119.07(3)(i). Florida Statutes, I further certify that the information

I hereby certify that the information supplied with this triing does not quality 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.