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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P9300000107 (1)

PROCESS PLUS ASSOCIATES, INC.

## **FILED** Jan 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Add		Mailing Address	58		1   \$ 0   \$ 0   \$ 1   \$	1 <b>12</b> 141 <b>30</b> 101 11 <b>2</b> 11 <b>9</b> 3	<b>    </b>
		2016 SETON DR CLEARWATER FL 34623			DO NOT WRITE IN T	HIS SPACE	
ļ					3. Date Incorporated or Qualified		
					12/28/1992		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Number Applied For		
21		26		59-3165774	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional tequired
City & Sta	te	City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		
Zîp	Country	Zip	Count	ry	8. This corporation owes or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June 30. Yes No		
g. Name and Address of Current Registered Agent					10. Name and Address of New Register	red Agent	
JOHNSON, DENNIS E				1 Name			
	16 Seton DR Earwater FL 34623		8	82 Street Address (P.O. Box Number is Not Acceptable)			
OL.	LANWAILINI & 04020		83				
	,		8	4 City	· · · · · · · · · · · · · · · · · · ·	85 Zip	Code
							ts registered
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 has 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 607,0506, Florida Statutes.							
SIGNATURE Signatury Typed or printed namy of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	3S IN 12
TITLE	/PD	DELETE	1.1 TITLE			Change	☐ Addition
NAME	/ JOHNSON, DENNIS E		1,2 NAME				
STREET ADDRESS	2016 SETON DR		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 34623		1.4 CITY-	ST-ZIP			
TITLE	VD	DELETE	2.1 TITLE			Change	Addition:
NAME	JOHNSON, ERIC S		2.2 NAME				[
STREET ADDRESS	2016 SETON DR		2.3 STREE	ET ADDRESS			
CITY - ST - ZIP	CLEARWATER FL 34623		2.4 CITY	-ST-ZIP			
TITLE	STD	DELETE	3.1 TITLE			☐ Change	Addition
NAME	JOHNSON, JUDY K		3.2 NAME				
STREET ADDRESS	2016 SETON DR		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 34623		3.4. CITY-	-ST-ZIP			
TITLE	DELETE		4.1 TITLE			L Change	☐ Addition
NAME			4. 2 NAMI				
STREET ADDRESS			4.3 STREE	T ADDRESS			- 1
CiTY - ST - ZiP				ST-ZIP			
TITLE		L DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS	ESS 5.3 S		5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		[***]	
TITLE	:	☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				1
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP  1. hereby certify that the information supplied with this filling close not qualify for the			6.4 CITY-	ST-ZIP			
34 LORGEDVA	enny toat the information stimplied.	with this tition does not dualify fo	ir the eyem:	ation stated	in Section 119 07(3Vi) Florida Statutes I furthe	r certify that the	information

refers very was the information supplied with this hing does not qualify for the exemption stated in section 119.07(3)(1), Florida Statutes, I turtifer certify that the information indicated on this annual report to resupply from a supplied with the same legal effect as if made under oath; that I am an officer or director of the corporation or interfeceiver 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 a attachment with an address.

SIGNATURE: