## 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 # P9300003730 (7)

F. L. SOULE ANTIQUES, INC.

FILED
May 04 1998 8:00am
Secretary of State

Principal Place of Business		Mailing Add	Mailing Address					A BAAN <b>beide</b> maa 1 <b>000 i</b>	KAN TOH IBBI
2637 N FLO		•	P.O. BOX 942						
HERNANDO FL 34442 HERNANDO FL 34									
								IN THIS SPACE	
						3	3. Date Incorporated or Qualified		
2. Principal I	Place of Business	2a. Mailing	Addrage				01/12/1993 I. FEI Number		A !:
21	Tagg of Dasinious	26	<del></del>				59-3156768	<del> </del>	Applied For Not Applicable
Sulte, Apt. #, etc. Suite, Apt			ot. #, etc.					60 75	Additional
22		27	27			5	Certificate of Status Desired		Required
City & Sta	1e	City & S	City & State			6	. Election Campaign Financing	\$5.0	O May Be
23			28			Trust Fund Contribution		d to Fees	
Zip	Country		— —	Country		8	<ol> <li>This corporation owes or has pa</li> </ol>		
24	[25]	29	30				Personal Property Tax due June		□ No □
	<del></del>	ss of Current Registered Ag	ent	81	Name		). Name and Address of New Re	gistered Agent	
POE, GARY A					INATITE				
103 N APOPKA AVE					Street	Address (	P.O. Box Number is Not Acceptab	le)	
IN	VERNESS FL 34450			83					
				-					
				84	City			FL 85 Zij	o Code
11. Pursuant	to the provisions of Sect	ions 607.0502 and 607.1508	Florida Statutes th	e abov	e-named	Corporation	on submits this statement for the p	urnose of channing	its registered
office or	registered agent, or both	i, in the State of Florida. Such	change was author	rized by	/ the cor	poration's	board of directors. I hereby accep	t the appointment a	s 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 tile it applicable	(NOTE: Reg	stered Age	ont signature	e required whe	en reinstating)	DATE	
12.		FFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	DRS IN 12
TITLE	PD	L	DELETÉ1	.1 TITLE		İ		☐ Change	Addition
NAME	SOULE, FRED		1 1	2 NAME					İ
STREET ADDRESS	P.O. BOX 942 N/A		1	3 STREET	ADDRESS				
CITY-ST-ZIP	HERNANDO FL 34			.4 CITY-S	T-ZIP	ļ <u>.</u>		, T o	
TITLE	VSTD Soule, Beverly	L		1 TITLE				L Change	Addition
NAME STREET ADDRESS	P.O. BOX 942 N/A			.2 NAME	LDBDFAO				ŀ
	HERNANDO FL 34				ADDRESS			·	
CITY-ST-ZIP TITLE	D			. 4 CITY-5	51 · ZIP	<del>                                     </del>		Change	Addition
NAME	\$OULE, JEFFREY	_		.2 NAME				E o mile	
STREET ADDRESS	3289 BEDFORD S				ADDRESS				
CITY-ST-ZIP	STANFORD CT 06			.4. CITY-S					
TITLE				.1 TITLE				☐ Change	Addition
NAME				. 2 NAME				_	
STREET ADDRESS			4	.3 STREET	ADDRESS				
CITY-ST-ZIP			4	4 CITY-S	T-ZIP				
TITLE			DELETE 5	.1 TITLE				Change	Addition
NAME			5	.2 NAME		-			ſ
STREET ADDRESS			5	.3 STREET	address				
CITY-ST-ZIP				.4 CITY-S	7- ZIP	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
TITLE				.1 TITLE				☐ Change	☐ Addition
NAME			6	.2 NAME					
STREET ADDRESS			6	.3 STREET	ADDRESS				ľ
CITY-ST-ZIP	nortike that the information	n ourseling with this files for		4 CITY - S			440 07/0VD F2 0		
· inereny	cerniy macine imormatio	a subhissa wita tuts tiling goes	HOL quality for the	exemp	uon state	aa in 2001i	on 119.07(3)(i), Florida Statutes. I	uriner certify that th	e information

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.

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