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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATI IDE.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300004339 (6)

PRIMECO OF BREVARD COUNTY, INC. Principal Place of Business Mailing Address 756 BEACHLAND BLVD 756 BEACHLAND BLVD VERO BEACH FL 32963 VERO BEACH FL 32963 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>01/12/1993</u> 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-3188460 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Country 8. This corporation owes or has paid the current year Intaggible 25 29 Personal Property Tax due June 30. ___ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent COLLINS, GEORGE G JR 756 BEACHLAND BLVD Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32963 84 City 85 Zip Code 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or procled name of registered agent and the if applicable (NOTE Ringistered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 7171 F DELETE 1 1 THEF Change Addition HORTON, RAY A NAME 1.2 NAME **3080 11TH PLACE** STREET ADDRESS 1.3 STREET ADDRESS **VERO BCH FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3 1 TITLE Change 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$1-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Addition TITLE 51 TITLE NAME 5.2 NAMI STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 1111.8 NAME 6.2 NAME 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filing 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 supplied collection in the receiver or trustee empowed to a decurity 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 empowed to a decute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or our an attachment with an address.

4/30/98 (561) 562-1534

FILED

May 18 1998 8:00am

Secretary of State