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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ł .	NNUAL REPORT Secretary 1998 DIVISION OF CO		of State		Secretary of State	
	MENT # P930 Name & ASSOCIATES, INC.	0000112	288 (6)			
Principal Place	e of Business	Mailing	Address			
127 FOREST LAKES BLVD. UNIT 7 OLDSMAR FL 34677 UNIT 7 OLDSMAR FL 34677						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 02/08/1993
2. Principal P	lace of Business	2a. Ma	lling Address			' 4. FEI Number Applied For
21		26				59-3166130 Not Applicab
Suite, Apt.	#, etc.		te, Apt. #, etc.		·	5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	е	City	& State			Election Campaign Financing Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 29	3	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of	Current Registere				10. Name and Address of New Registered Agent
KU	TCHINS, BRYAN A			B1	Name	
3711 TAMPA RD. SUITE 103 OLDSMAR FL 33677				82	Street /	Address (P.O. Box Number is Not Acceptable)
				Ľ	000.7	TABLES (1.0. DON HUMBON IS NOT ACCOPIADIC)
				83		
				84	City	85 Zip Code
					***	FL!" '
11. Pursuant office or r	to the provisions of Sections 6 egistered agent, or both, in the	07.0502 and 607.1 e State of Florida. S	508, Florida Statutes luch change was aut	, the abov thorized by	e-named the corp	d corporation submits this statement for the purpose of changing its registere rporation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the	obligations of, Se	ction 607.0505, Florid	da Statute	В.	· · · · · · · · · · · · · · · · · · ·
SIGNATURE	Signature, typed or printed name of regis	leted event and trip if ann	licable (NOTE: F	Registered Age	nt elaneture	re required when reinstating) DATE
12.		RS AND DIRECTOR		13.	on agradus	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	. 	DELETE	1.1 TITLE		Change Addition
NAME	LYKINS, THOMAS W			1.2 NAME	ì	Ì
STREET ADDRESS	127 FOREST LAKES BL	VD., UNIT 7		1.3 STREET	ADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34877			1.4 CITY - 5	ST-ZIP	
THLE	D		DELETE	2.1 TITLE		Change Addition
NAME	LYKINS, JANICE R			2.2 NAME	ļ	}
STREET ADDRESS	127 FOREST LAKES BL	VD., UNIT 7		2.3 STREET	ADDRESS	∫ See
CITY-ST-ZIP	OLDSMAR FL 34677			2. 4 CITY -	ST-ZIP_	
TATLE			☐ DELETE	3.1 TITLE	J	☐ Change ☐ Addition
NAME				3.2 NAME	1	}
STREET ADDRESS				3.3 STREET	,]
CITY-ST-ZIP			T ALLETT	3.4. CITY-	ST-ZIP	
TITLE			DELETE	4.1 TITLE	j	☐ Change ☐ Addition
NAME CERCET ADDRESS				4. 2 NAME	I	\
STREET ADDRESS				4.3 STREET	1	
CITY-ST-ZIP TITLE	<u></u>		DELETE	4.4 CITY - S 5.1 TITLE	i - ZIP	Change Addition
NAME				5.1 NAME	j	E Owner E Public
STREET ADDRESS				5.3 STREET	ADDRESS	1
CITY - ST - ZIP				5.4 CITY - 5		
TITLE	<u> </u>		DELETE	6.1 TITLE		Change Addition

CITY-ST-ZIP 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 eath; 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. (8/3)

6.2 NAME

6.3 STREET ADDRESS

SIGNATUR

NAME

STREET ADDRESS

FILED

Mar 23 1998 8:00am