

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 # P93000016026 (5)

1. Corporation Name

COLTON AND ASSOCIATES, INC.

Principal Place of Business

28870 U.S. 19 NORTH  
CLEARWATER FL 34621  
105

Mailing Address

P. O. BOX 15433  
CLEARWATER FL 34618  
105

2. Principal Place of Business

21 2194 State Road 580

Suite, Apt. #, etc.

22 L

City & State

23 Dunedin Florida

Zip

24 34698

Country

25 U.S.A.

26 Mailing Address

26 P. O. Box 15433

Suite, Apt. #, etc.

27

City & State

28 Clearwater Florida

Zip

29 33766-5433

Country

30

U.S.A.

9. Name and Address of Current Registered Agent

COLTON, LINDSAY  
28870 U.S. 19 N.  
#300  
CLEARWATER FL 34621

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2194 State Road 580 Suite L

83

84 City

Dunedin

FL 34698

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Lindsey Colton* Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/13/98  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME	<input type="checkbox"/> STREET ADDRESS	<input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2194 State Road 580 Suite L Dunedin FL 34698
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME	<input type="checkbox"/> STREET ADDRESS	<input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME	<input type="checkbox"/> STREET ADDRESS	<input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME	<input type="checkbox"/> STREET ADDRESS	<input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME	<input type="checkbox"/> STREET ADDRESS	<input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME	<input type="checkbox"/> STREET ADDRESS	<input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

*Lindsey Colton*

4/13/98 813-789-0485



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1993

4. FEI Number

59-3179496

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

CR2E034 (1097)