

FILING FEE: FILING FEE AFTER MAY 15 IS \$500.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 20 1998 8:00am
Secretary of State

DOCUMENT #

1. Corporation Name

P 93 0000 25774

Principal Place of Business

Mailing Address

531 VALPARAISO PARKWAY
VALPARAISO FL 32580

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHARLES D. ACORN
105 LINDA COURT
NICEVILLE FL 32578

81 Name

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

83

84 City

FL

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 *Charles D. Acorn*
Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

5/1/98

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME *P/S*

STREET ADDRESS *HALEY, ANNA M*

CITY-STATE-ZIP *106 LINDA COURT*

NICEVILLE FL 32578

1.2 TITLE ☐ DELETE

NAME *VP OF MARKETING : Sales*

STREET ADDRESS *LAISO, JOHN W*

CITY-STATE-ZIP *106 LINDA COURT*

NICEVILLE FL 32578

1.3 TITLE ☐ DELETE

NAME *T*

STREET ADDRESS *SCHONEWITZ, RONALD*

CITY-STATE-ZIP *244 106 LINDA COURT*

NICEVILLE FL 32578

1.4 TITLE ☐ DELETE

NAME *V*

STREET ADDRESS *HALEY, MICHAEL W*

CITY-STATE-ZIP *106 LINDA COURT*

NICEVILLE FL 32578

1.5 TITLE ☐ DELETE

NAME *D*

STREET ADDRESS *ACORN, CHARLES D*

CITY-STATE-ZIP *105 LINDA COURT*

NICEVILLE FL 32578

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

200002532332
-05/22/98--01002--041
***150.00

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: *Anna Marie Haley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/98 President