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 #

P93000054506 (9)

FOURNORM, INC.

FILED May 04 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address				e indicates tin colon (site note) dates dates desti dibbi desti desti desti (40)			
2390 COMMERCIAL WAY SPRING HILL FL 34606		2390 COMMERCIAL WAY SPRING HILL FL 34606			DO NOT WRITE IN THIS SPACE					
						3. Date Incorpora	ted or Qualified			
						08/03/1993				
2. Principal Pia	ace of Business	2a. Mailing Address				4. FEI Number Applied For				
21		26				59-32047	38	1	Not Applicable	
Suite, Apt. #	f, etc.	Suite, Apt. #	Suite, Apt. #, etc.				tatus Desired	\$8.75	Additional	
22		27					ialus Deslied	Fee F	Required	
City & State		City & State				6. Election Campa	aign Financing	\$5.00	May Be	
23	-	28				Trust Fund Cor	tribution 🔲	Added	to Fees	
Zip	Country	Zip		ountry			n owes or has paid th			
24	9. Name and Address of Curr	29	30]				rty Tax due June 30.		No	
		eur negisteren Agent		81	Name	10. Name and Add	dress of New Registe	rea Agent		
PALMER, ADRIAN C				["]	TYATTIC			_		
2390 COMMERCIAL WAY				82	Street Addr	ress (P.O. Box Numbe	r is Not Acceptable)			
SPH	NNG HILL FL 34606			83						
				"						
				84	City			FL 85 Zip	Code	
Office or re	o the provisions of Sections 607.00 gistered agent, or both, in the Sta	ile of Florida. Such chan	oe was authoriz	zed by	the corporat	poration submits this st lion's board of director	atement for the nurro	se of changing	its registered s registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE										
12.	Signature, typed or printed name of registered a	agent and tile it applicable ND DIRECTORS	(NO1f: Registe		t signature requir	red when reinstating)	DA		5011110	
TITLE	D OFFICE NS A					ADDITIONS/CHA	NGES TO OFFICERS	Change	Addition	
NAME	P DELETE PALMER, THOMAS B		,,,,	1.1 TITLE 1.2 NAME				Onlinge	Addition	
STREET ADDRESS										
CITY-ST-ZIP	SPRING HILL FL 34606			1.3 STREET ADDRESS						
TITLE	ST			1.4 CITY-ST-ZIP 21 TITLE				Change	Addition	
NAME	PALMER, ADRIAN C		1	2.2 NAME				ET Ollande		
STREET ADDRESS	2390 COMMERCIAL WAY		2.3 STREET ADDRESS		UUBECC					
CITY-ST-ZIP	SPRING HILL FL 34606		2. 4 CITY - ST- ZIP							
TITLE	OF THIS TIPE TE OTOGO	☐ DE		TITLE	- 211			Change	Addition	
NAME		_ _		NAME		4				
STREET ADDRESS				STREET A	DDRESS					
CITY-ST-ZIP				CITY-ST						
TITLE		☐ DE		TITLE				☐ Change	☐ Addition	
NAME			4.2	2 NAME				·	ľ	
STREET ADDRESS			4.3	STREET A	.ODRESS				1	
CITY-ST-ZIP			4.4	CITY-ST-	- ZIP					
TITLE		DE	LETÉ 5.1	TITLE	·····			Change	Addition	
NAME			5.2	NAME						
STREET ADDRESS			5.3	STREET A	DDRESS					
CITY-ST-ZIP				CITY-ST-						
TITLE		☐ D€		TITLE		·		Change	Addition	
NAME			6.2	NAME						
STREET ADDRESS			6.3	STREET A	ODRESS					
CITY-ST-ZIP				CITY-ST-	1					

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 Statules. 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 chapter 607, or on an attachment with an address.