

CERTIFIED MAIL: 2445 728 310
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

1
0018125

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000060149 (0)

1. Corporation Name
EQUACOST, INC.

FILED
98 JUL 17 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2345 WHISPERING MAPLE DRIVE
ORLANDO FL 32837

Mailing Address
2345 WHISPERING MAPLE DRIVE
ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1993

4. FEI Number

59-3199972

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 220 E. MONUMENT AVE

Suite, Apt. #, etc.

22 SUITE E

City & State

23 KISSIMMEE, FL

Zip

24 34741

Country

25 OSCEOLA

2a. Mailing Address

26 P.O. BOX 770730

Suite, Apt. #, etc.

27

City & State

28 ORLANDO, FL

Zip

29 32877-0730

Country

30 ORANGE

9. Name and Address of Current Registered Agent

MEDFORD, J M
2345 WHISPERING MAPLE DRIVE
ORLANDO FL 32837

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MEDFORD, J. M
STREET ADDRESS 2345 WHISPERING MAPLE DR.
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE VPST
NAME MEDFORD, JOYCE
STREET ADDRESS 2345 WHISPERING MAPLE DR.
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D
NAME MEDFORD, JOYCE
STREET ADDRESS 2345 WHISPERING MAPLE DR.
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

500002594515--0

-07/21/98--01096--013

***150.00 ***150.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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:

[Signature]

7-2-98

(487)

518-19920

CR2E034 (5/98)

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EQUACOST

EQUACOST, INC.
220 EAST MONUMENT AVENUE, SUITE E, KISSIMMEE, FLORIDA 34741
P. O. BOX 770730, ORLANDO, FLORIDA 32877-0730
TELEPHONE: 407-518-0999; FACSIMILE: 407-518-0654

July 7, 1998

Via Certified Mail: Z 445 728 310

Division of Corporations
Annual Reports Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: Resubmission of Missing 1998 Corporation Annual Report & Fee

Dear Sirs:

After receiving a second notice today for the 1998 corporation annual report and after several phone calls, I spoke with Stacy in your reinstatement section about the fact that we had mailed the original annual report document and our check for \$150.00 on April 6, 1998. She stated that your computer did not show that the packet had been received by your office. Following our conversation, I verified with our bank that our check #1508 has never cleared the account.

She instructed me to fill out the second notice packet and resubmit it with another check for the \$150.00 fee. I enclosing the signed second document and a second check. I am also including a photocopy of the original form that I filed, a copy of our accounting draft of the original check and a copy of the payment record stub from check #1508 itself.

If your require anything else from me, please contact me.

Sincerely,

EQUACOST, INC.



J. Mitchell Medford
President

Encl.