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

PROFIT CORPORATION ANNUAL REPORT

1998

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CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE NAME

TITLE

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300067819 (1)

MERIDETH MCELROY, M.S.W., CHARTERED, INC.

Principal Place of Business Mailing Address 850 CENTRAL AVENUE 241 25TH ST SW NAPLES FL 20009- 34117 SUITE 101 NAPLES FL 35940- 34102 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/29/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable 65-0438954 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 24 25 30 9. Name and Address of Current Registered Agent 1D. Name and Address of New Registered Agent L J DOLAN & ASSOCIATES CPA 417 E VIRGINIA ST 82 Street Address (P.O. Box Number is Not Acceptable) 1805-E C R 951 83 NAPLES FL 33999 34114 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 of printed trained registered agent and titled applicable. (NOTE: Registered Agent signature required when reinstating)

DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE Change Addition TITLE 1.1 TITLE MCELROY, MERIDETH NAME 1.2 NAME 241 25TH ST SW STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33999- 34117 CITY-ST-ZIP 14 CITY-ST-ZIP Addition DELETE TITLE 21 TITLE Chance STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS

64 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 is rup 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 trusted 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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 City-St-Zip

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE MENINER MERLADIN MSW

4-27-98 (04)642-6242

Change

Change

Addition

Addition

Addition

**FILED** 

May 06 1998 8:00am

Secretary of State