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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P93000072241 (1)

TOTALDI AV MANAOSMENT OODD

rincipal Place of Business	Mailing Address
% Lawrence W. Borns	4419 Harbour Island dr.
412 North Halifax ave.	Jacksonville Fl 32225
Daytona Beach FL 32118	Us

FILED Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/18/1993 4. FEI Number Applied For 59-3228918 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **BORNS, LAWRENCE W** 412 N. HALIFAX AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32118 83 84 City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition TREMBLAY, FRAZER NAME 1.2 NAME % 412 N. HALIFAX AVE. STREET ADDRESS 1.3 STREET ADDRESS DAYTONA BEACH FL 32118 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition TREMBLAY, JACQUELINE NAME 2.2 NAME % 412 N. HALIFAX AVE. 2.3 STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32118 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE TITLE 4.1 THTLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4,3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE NAME 6.2 NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 CITY+ST-ZIP

14. Thereby 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 suppliemental 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.