

FILE NOW: FILING FEE AFTER MAY 1ST IS \$10.00

FILED

Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Morikam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000085753 (0) 1. Corporation Name FOLKERS & ASSOCIATES, INC.					
Principal Place of Business 7309 1 AV S ST. PETERSBURG FL 33707 US			Mailing Address 7309 1 AV S ST PETERSBURG FL 33707 US		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/10/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3217645	Applied For ☐ Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Zip	30	Country
g. Name and Address of Current Registered Agent FOLKERS, NORA 7100 3RD AVENUE NORTH ST. PETERSBURG FL 33710				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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

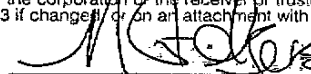
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTS	☐ DELETE		1.1 TITLE	President	☒ Change ☐ Addition	
NAME	FOLKERS, NORA M.			1.2 NAME	Folkers, Nora M		
STREET ADDRESS	7100 3RD AVE N			1.3 STREET ADDRESS	7100 3rd Ave N		
CITY-ST-ZIP	ST PETE FL			1.4 CITY-ST-ZIP	St Petersburg FL 33710		
TITLE	S	☐ DELETE		2.1 TITLE	Treasurer	☐ Change ☐ Addition	
NAME	FOLKERS, RICHARD			2.2 NAME	FOLKERS, RICHARD		
STREET ADDRESS	7100 3RD AVE N			2.3 STREET ADDRESS	7100 3rd Ave N		
CITY-ST-ZIP	ST. PETERSBURG FL			2.4 CITY-ST-ZIP	St Petersburg FL 33710		
TITLE		☐ DELETE		3.1 TITLE	Secretary	☐ Change ☒ Addition	
NAME				3.2 NAME	Laura Atgren Reyes		
STREET ADDRESS				3.3 STREET ADDRESS	8012 Perth Drive		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Largo, FL 33773		
TITLE		☐ DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE		☐ Change ☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE		☐ Change ☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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 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:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/97

813 313 4544

CR2E034 (10/97)