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PROFIT CORPORATION ANNUAL REPORT

1998

.

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 17 1998 8:00am

Secretary of State

N3 28250CO

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000025134 (5)

VAILLANCOURT BORGERSEN & BOATRIGHT, P.A.

Principal Place of Business Mailing Address 2530 WEST BAY DR 2530 WEST BAY DR LARGO FL-04040 LARGO FL-34640 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/01/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3248230 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intengible Country Country 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BORGERSEN. WILLIAM C 2530 WEST BAY DR **B2** Street Address (P.O. Box Number is Not Acceptable) LARGO FL-94640-83 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 namin of registered agent and title. Lapplicable (NOTL: Registered Agent signature required when reinstalling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13, CM DELETE Change Addition TITLE 1.1 TITLE BORGERSEN, WILLIAM C. NAME 12 NAME 2530 W BAY DRIVE STREET ADDRESS 13 STREET ADDRESS LARGO FL CITY-ST-ZIP 1.4 C/TY+ST+Z/P DELETE Change TITLE 2.1 TITLE ☐ Addition BOATRIGHT, SCOTT R. 2530 W BAY DRIVE STREET ADDRESS 2.3 STREET ADDRESS LARGO FL 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 CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 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.