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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000025408 (3)

Principal Place of Business	Mailing Address	
221 PINE WINDS DRIVE SANFORD FL 32773	221 PINE WINDS DRIVE SANFORD FL 32773	

**FILED** Apr 14 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/01/1994 4. FEI Number Applied For 59-3244253 Not Applicable Suite, 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 Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zιρ This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent COPELAND, RICHARD W 631 PALM SPRINGS DRIVE 83 **ALTAMONTE SPRINGS FL 32701** 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 uniform with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

SIGNATURE

WAS INCOME. Registered Agent signature required when reinstating)

DATE

DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE FOSTER, TINA NAME 1.2 NAME 403 VENTURA AVENUE STREET ADDRESS 1.3 STREET ADDRESS SANDFORD FL CITY-ST-7P 14 City-St-ZiP DELETE ☐ Change Addition TITLE 2.1 TITLE NESBITT, CAROL J NAME 2.2 NAME 221 PINE WINDS DRIVE STREET ADDRESS 2.3 STREET ADDRESS SANFORD FL 32773 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE nesbitt, James P. NAME 3.2 NAME 221 PINEWINDS DRIVE STREET ADDRESS 3.3 STREET ADDRESS SANFORD FL CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TETLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 61 TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 chapter 607, or on an attachment with an address.

SIGNATURE:

reside NT