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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1998 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400040330 (0)

JOHN G. ALBRITTON & ASSOCIATES, INC.

1											
Principal Plac	e of Business	Mailing Add	Mailing Address) 111 WENT WYOL	• BB:BB 1418# 11		
1404 SOUTH	28TH ST.	1404 SOUT	1404 SOUTH 28TH ST.								
SUITE C		SUITE C									
FORT PIERCE	FL 34947	FORT PIER	FORT PIERCE FL 34947				DO NOT WRITE IN THIS SPACE				
							 Date Incorporated or Qualified 05/27/1994 				
L '	lace of Business	2a. Mailing	Address				4. FEI Number		A	optied For	
21		26					65-0502550		N	ot Applicable	
Sulte, Apt.	#, etc.	Suite, Ap	ot. #, etc.				5. Certificate of Status Desired			Additional equired	
City & Stat	6		City & State				8. Election Campaign Financing		\$5.00	May Be	
23		28	28				Trust Fund Contribution			to Fees	
Zip	Country	Zip	Zip Country				8. This corporation owes or has pa	aid the cur	rent year In	tangible	
24	25 29 30			30	Personal Property Tax due June 30. Yes No						
	9. Name and Address of Curre	ent Registered Ago	ent				10. Name and Address of New Re	gistered	Agent		
	BRITTON, JOHN G			8	1	Name				İ	
	0 4 so uth 28th St. ITE C					Street Addre	Idress (P.O. Box Number is Not Acceptable)				
	RT PIERCE FL 34947							-			
				8	4	City			85 Zip	Code	
44.0	(A)	00 1007 1100	51 11 01 1	_	_			FL	<u> </u>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 approachie. (NOTE: Registered Agent signature required when reinstating) DATE											
12.		ND DIRECTORS	(MOTE:	13.	Beni	r argrintere reducer	ADDITIONS/CHANGES TO OFFI		DIRECTOR	RS IN 12	
TITLE	PV		DELETE	1.1 TITLE		T	7.551110140701211402010 0111	00,1071110	Change	Addition	
NAME	ALBRITTON, JOHN G.	_		1.2 NAME					_ •		
STREET ADDRESS 1404 SOUTH 28TH STREET, SUITE C						ADDRESS)	
CITY-ST-ZIP	FT. PIERCE FL			1.4 CITY							
TITLE	81		DELETE	2.1 TITLE		*211			Change	Addition	
NAME	ALBRITTON, LINDA	-		2.2 NAME							
STREET ADDRESS	, SUITE C	^ •			ADORESS						
CITY-ST-ZIP	FT. PIERCE FL	,		2. 4 CITY		1					
TITLE			DELETE	3.1 TITLE		-211			Change	Addition	
NAME		' <u>-</u>	- · -	3.2 NAME		-					
STREET ADDRESS				3.2 TOOM		INDRESS					
CITY-ST-ZIP				3.4. City						r	
TITLE			DELETE	4.1 TITLE		411			Change	Addition	
NAME		_		4. 2 NAM							
STREET ADDRESS				4.3 STREE		DODRESS					
CITY-ST-ZIP				4.4 CITY-						,	
TITLE			DELETE	5.1 TITLE		E#			Change	Addition	
NAME		_	=	5.2 NAME							
STREET ADORESS				5.3 STREE		INDRESS					
CITY-ST-ZIP				5.4 CiTY-						ĺ	
TITLE		Т	DELETE	6.1 TITLE	_	411			Change	Addition	
NAME		_		6.2 NAME							
STREET ADDRESS				6.3 STREE		ODBESS					
CITY-ST-ZIP				6.4 CITY -							
				■ 0.1 OH 1 '	• 1	1					

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 chapted, or on an attachment with an address.