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PROFIT **CORPORATION ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000047059 (8)

MATHIS & ASSOCIATES OF SARASOTA, INC.

FILED Apr 14 1998 8:00am Secretary of State

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Principal Place	of Business	Mailing Address			
6976 RICHARDSON ROAD SARASOTA FL 34240		6979 RICHARDSON RD		j	
		SARASOTA FL 34240		DO NOT WRITE IN THIS SPACE	
US				3. Date Incorporated or Qualified	
				06/20/1994	
2. Principal Pi	ace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
11		26		65-0497692	Not Applica
Suite, Apt. (#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		27		S. Certificate of Statos Desileo	Fee Required
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be
13		28	1	Trust Fund Contribution	L. Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has p	
4	9. Name and Address of Curre	29	30	Personal Property Tax due Jur 10. Name and Address of New F	
		nt negistered Agent	81 Name	10. Name and Address of New P	registered Agent
MA	THIS, KEVIN		110		
	6 RICHARDSON ROAD		82 Street Add	dress (P.O. Box Number is Not Accepta	able)
SAI	RASOTA FL 34240		83		
			••		
			84 City		85 Zip Code
		e of Florida, Euch change was	cutherized by the seenes	ation's board of directors. I hereby acc	ept the appointment as registere
office or re	agistared agent, or both, in the State In familiar with, and accept the oblid	nations of Section 607 0505. E	lorida Statutes		
SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Statem familiar with, and accept the oblig				
SIGNATURE	Signature, typed or printed name of registried ag	pent and title it applicable (NO	TE: Registered Agent signature requ	Ured when reinstating)	DATE
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS At	gent and title if applicable (NO ND DIRECTORS	TE: Registered Agent signature requ		DATE ICERS AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registried eg OFFICERS AN	pent and title it applicable (NO	TE: Registered Agent signature requests 13.	Ured when reinstating)	DATE
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registried eg OFFICERS AN P MATHIS, KEVIN	gent and title if applicable (NO ND DIRECTORS	15. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	Ured when reinstating)	DATE ICERS AND DIRECTORS IN 12
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