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FILED  
Apr 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000051581 (4)**

1. Corporation Name

**MICHAEL'S INVESTIGATIONS, INC.**

Principal Place of Business

**3040 SIXMA ROAD  
DELTONA FL 32738**

Mailing Address

**3040 SIXMA ROAD  
DELTONA FL 32738**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/08/1994**

4. FEI Number

**59-3269128**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21 Suite, Apt. #, etc.**

**22 City & State**

**23 Zip**

Country

2a. Mailing Address

**26 Suite, Apt. #, etc.**

**27 City & State**

**28 Zip**

Country

9. Name and Address of Current Registered Agent

**TRUEMAN, KATHRYN E  
3040 SIXMA ROAD  
DELTONA FL 32738**

10. Name and Address of New Registered Agent

**81 Name PATTERSON, JACK W**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**3040 SIXMA ROAD**

**84 City DELTONA**

**FL 85 Zip Code 32738**

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 **JACK W PATTERSON, JACK W Vice President**

**3/27/98**

12. OFFICERS AND DIRECTORS

**11 TITLE OPT**  
**NAME TRUEMAN, KATHRYN E**  
**STREET ADDRESS 3040 SIXMA ROAD**  
**CITY-ST-ZIP DELTONA FL**

**12 TITLE VP**  
**NAME PATTERSON, AMY**  
**STREET ADDRESS 675 BLOOMINGTON CT #23**  
**CITY-ST-ZIP ALTAMONTE SPRINGS FL**

**13 TITLE S**  
**NAME PATTERSON, JACK W**  
**STREET ADDRESS 575 BLOOMINGTON CT #23**  
**CITY-ST-ZIP ALTAMONTE SPRINGS FL**

**14 TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**15 TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**16 TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**11 TITLE VP, S**  
**12 NAME PATTERSON, JACK W**  
**13 STREET ADDRESS 575 BLOOMINGTON CT #23**  
**14 CITY-ST-ZIP ALTAMONTE SPRINGS FL**

**21 TITLE**  
**22 NAME**  
**23 STREET ADDRESS**  
**24 CITY-ST-ZIP**

**31 TITLE**  
**32 NAME**  
**33 STREET ADDRESS**  
**34 CITY-ST-ZIP**

**41 TITLE**  
**42 NAME**  
**43 STREET ADDRESS**  
**44 CITY-ST-ZIP**

**51 TITLE**  
**52 NAME**  
**53 STREET ADDRESS**  
**54 CITY-ST-ZIP**

**61 TITLE**  
**62 NAME**  
**63 STREET ADDRESS**  
**64 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: **Kathryn E Trueman**

**3/27/98**

**904-532-0206**

CR2E034 (10/97)