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

PROFIT CORPORATION **ANNUAL REPORT**

1998

officer or director of the corporation of Block 12 or Block 13 if changed, or o



LLORIDA DEPARTMENT OF STATE

FILED

May 12 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400063050 (6)

ADVANTAGE GROUP OF NORTHWEST FLORIDA, INC.

Principal Place of Business Mailing Address 8955 HWY W 98 8955 HWY W 98 SUITE 208 SUITE 208 **DESTIN FL 32541** DESTIN FL 32541 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/22/1994 2a. Mailing Address 2. Principal Place of Business 4 FELNumber Applied For 620 SEA Island Rd 620 SEA FOLAND Rd 59-3296932 Not Applicable Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No USA 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PEADEN, GREG 81 8955 HWY W 98, SUITE 208 82 DESTIN FL 32541 63 84 City 32803 OLLANDO 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 action 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 providing of the obligations of Section 607.0505, Florida Statutes. VEADEN SIGNATURE rinted have of registered agent and too if applif (NOTE Registered Agenit signature reclaired when reinstating) OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE M Channe Addition TITLE 11 HUE PEADEN, GREG GREGORY A. PRADEN NAME 1.2 NAME 8955 HWY W 98 SUITE 208 616E. MARKS ST. STREET ADDRESS 1.3 STREET ADDRESS **DESTIN FL** CITY-ST-ZIP 1.4 CITY - \$1 - ZIP ORLANDO FL. 32803 DELETE TITLE 2.1 TITLE ☐ Change ■ Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-7IP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - S1 - 7IP DELETE TITLE 5.1 7ITLE Change Addition 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 6.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 6.4 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 supplied contains an under oath; that I am an officer or director of the corporation of the receiver of the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

4/20/90