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

**PROFIT CORPORATION** ANNUAL REPORT

**19**98

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000065603 (0) SUPERIOR PRODUCTS OF CHARLOTTE COUNTY. INC. Principal Place of Business Mailing Address 4300 KINGS HWY 4300 KINGS HWY SUITE 210 DO NOT WRITE IN THIS SPACE PUNTA GORDA FL 33980 PORT CHARLOTTE FL 33980 3. Date Incorporated or Qualified 09/01/1994 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 4055 Tamiami Trail 65-0522515 4055 Tamiani Trail Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6, Election Campaign Financing \$5.00 May Be Port Charlotte, Fr Port Trust Fund Contribution Added to Fees 23 Country U. THE 8. This corporation owes or has paid the current year Intangible 33952 Personal Property Tax due June 30. Yes 29 . Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **BOYNTON, RICHARD S** Boynton, Richard S. 4300 KINGS HWY Street Address (P.O. Box Number is Not Acceptable) Tamiami Trai **SUITE 210** 83 **PORT CHARLOTTE FL 33980** Zip Code 33 95 Charlot. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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 DATE Signature, typed or proted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE Change Addition 1.1 TITLE TITLE **BOYNTON, RICHARD S** Boynton, Richard 5 NAME 1.2 NAME 4055 Tamiani Trail 4300 KINGS HWY, B23 1.3 STREET ADDRESS STREET ADDRESS Port Charlotte Fi 31452 **PUNTA GORDA FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 41 THEF 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fords 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 trustoe 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.

\*\*\*150.00

4-29-08

000002541720

-06/01/98--01018--018

Change

Addition

**FILED** 

May 29 1998 8:00am

Secretary of State