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

FILED
Jan 15 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 # **P94000068018 (8)**

1. Corporation Name
P.R. & ASSOCIATES, INC.

Principal Place of Business
~~C/O DOUGLAS AVENUE MOBILE~~
~~201 WEST HIGHWAY 436~~
~~ALTAMONTE SPRINGS FL 32714~~

Mailing Address
1096 ERROL PARKWAY
APOPKA FL 32712

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1096 Errol Pky
22 Suite, Apt. #, etc.
23 City & State: APOPKA, FL.
24 Zip: 32712 25 Country: Orange

2a. Mailing Address
26 Same
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified: 09/12/1994

4. FEI Number: 59-3273833 ☐ 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

9. Name and Address of Current Registered Agent
OSWALD, KENNETH F
600 COURTLAND STREET STE. 110
ORLANDO FL 32804

10. Name and Address of New Registered Agent
81 Name: Ronald L. Mountcastle
82 Street Address (P.O. Box Number is Not Acceptable): 1096 Errol Pky.
83
84 City: APOPKA, FL 85 Zip Code: 32712

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: R.L. Mountcastle R.L. Mountcastle (Pres.) 12-31-97
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0 ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MOUNTCASTLE, RONALD L	1.2 NAME	
STREET ADDRESS	1096 ERROL PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712 Pres, P.	1.4 CITY-ST-ZIP	
TITLE	Mountcastle P.M. ☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	Sec, Trea. S+T	2.2 NAME	
STREET ADDRESS	1096 Errol Pky	2.3 STREET ADDRESS	
CITY-ST-ZIP	Apopka, FL. 32712	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Sec, + Trea.

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.

407-886-0272

SIGNATURE: R.L. Mountcastle R.L. Mountcastle (Pres.) 12-31-97

CR2E034 (10/97)