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

**PROFIT** CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

SIGNATURE.

CITY-ST-7IP



ELORIDA DEPARTMENT DE STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED

Jan 23 1998 8:00am

Secretary of State

P94000078467 (5) DOCUMENT #

JOHN MARSHALL AND ASSOCIATES INC.

Principal Place of Business Mailing Address 2320 TURNBERRY DR. P. O. BOX 597 OVIEDO FL 32785 OVIEDO FL 32765 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/24/1994 4. FE! Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3287100 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Żψ Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name JOHN J. MARSHALL 2320 TURNBERRY DRIVE Street Address (P.O. Box Number is Not Acceptable) OVIEDO FL 32765 R3 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE CEO MARSHALL, JOHN J REDEE F. MARSHALL 1.2 NAME NAME 2320 TURNBERRY DR STREET ADDRESS 1.3 STREET ADDRESS 2320 TURNBERRY DR OVEIDO FL CITY+ST-ZIP 14 City-St-7iP OVIEDO, FL 32765 TITLE DELETE 21 TITLE Change Addition 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE **4.1 TITLE** 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 51 THLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CHY-ST-ZIP DELETE Change Addition 6 1 TITLE TITLE NAME 6.2 NAME

Block 12 or Block 13 if changed, or on A 1/11/98 407-365-6789

6.3 STREET ADDRESS

14. Thereby 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