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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000088144 (8) DOCUMENT #

D. CHRIS EMMERT, D.C., P.A.

Principal Place of Business Mailing Address 6816 14TH STREET WEST 6816 14TH STREET WEST **BRADENTON FL 34207 BRADENTON FL 34207** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/06/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 65-0544897 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Zip Country Country This corporation owes or has paid the current year Intangible Yes □ No 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EMMERT, D. CHRIS 6816 14TH ST., W. Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34207** 83 84 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 d applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE DPST 1.1 TITLE TITLE **EMMERT, D. CHRIS** NAME 1.2 NAME 6816 14TH ST. WEST STREET ADDRESS 1.3 STREET ADDRESS **BRADENTON FL 34207** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE Change Addition TITLE NAME **2.2 NAME** STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-2IP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DFLETE Change ☐ Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition 6.1 TITLE NAME 6.2 NAME

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 arrival 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 approprient with an address.

6.3 STREET ADDRESS

STREET ADDRESS

3/22/90

FILED

Apr 23 1998 8:00am

Secretary of State

CR2E034 (10/97