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FILED
May 04 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 # P94000088941 (7)

1. Corporation Name

SUREMATH PUBLISHING, INC.



Principal Place of Business

15500 FIDDLESTICKS BLVD.
FT. MYERS FL 33912

Mailing Address

15500 FIDDLESTICKS BLVD.
FT. MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1995

4. FEI Number

65-0552421

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MCALLISTER, SHARON
15500 FIDDLESTICKS BLVD.
FT. MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Sharon Mical

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-98

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MCALLISTER, SHARON
STREET ADDRESS 15500 FIDDLESTICKS BLVD
CITY-ST-ZIP FT MYERS FL ☐ DELETE

TITLE VD
NAME MCALLISTER, HOWARD
STREET ADDRESS 1737 BENT TREE CIR.
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

TITLE VD
NAME MCALLISTER, PAMELA
STREET ADDRESS 723 NW 105TH ST
CITY-ST-ZIP SEATTLE WA ☐ DELETE

TITLE STD
NAME MCALLISTER, LOIS
STREET ADDRESS 1737 BENT TREE CIR.
CITY-ST-ZIP FT.MYERS FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 33912 ☐ Change ☒ Addition

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33901 ☐ Change ☒ Addition

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 98133 ☐ Change ☒ Addition

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME MCALLISTER, LOIS
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 33901 ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

Sharon Mical

4-22-98 941-768-3602

CR2E034 (10/97)