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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000092175 (6)

ROYAL TERN CORPORATION

| Principal Place of Business | Mailing Address | | |
|-----------------------------|--------------------|--|--|
| 417 BELLA VISTA WAY | 417 BELLA VISTA WA | | |
| SANIBEL FL 33957 | SANIBEL FL 33957 | | |

FILED Feb 11 1998 8:00am Secretary of State



| Principal Place | of Business | M | lailing Address | | | · · · · · · · · · · · · · · · · · · · | | | |
|---|--|-----------|----------------------------|--------------|----------------------------|---------------------------------------|---|--|--|
| 417 BELLA VISTA WAY SANIBEL FL 33957 417 BELLA VISTA WAY SANIBEL FL 33957 | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | | 3. Date Incorporated or Qualified | | |
| | | | | | | | 12/21/1994 | | |
| 2. Principal Pi | ace of Business | 28 | , Mailing Address | | | _ | 4. FEI Number Applied For | | |
| 21 | | 26 | | | | | 65-0550240 Not Applicable | | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | · | 5. Certificate of Status Desired See Regulred \$8.75 Additional Fee Regulred | | |
| City & State | | 27 | City & State | - | | | 6. Election Campaign Financing \$5.00 May Be | | |
| 23 | | 26 | Ony o oldio | · | | | Trust Fund Contribution Added to Fees | | |
| Zip | Country | <u> </u> | Zip | L Cou | ntry | • | 8. This corporation owes or has paid the current year Intangible | | |
| 24 | 25 | 29 | staved Avent | 30 | | | Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent | | |
| | 9. Name and Address of Curre | nt Hegit | stered Agent | | 81 | Name | 10. Name and Address of New Registered Agent | | |
| | Wers, Jill Fisher | _ | | | ٠. | Tarric | | | |
| | ' executive center dr. Wes Te 303 | T | | | 82 | Street A | t Address (P.O. Box Number is Not Acceptable) | | |
| | PETERSBURG FL 33702 | | | | 83 | | | | |
| | | | | | 84 | City | FL 85 Zip Code | | |
| 44 Durament t | the provisions of Continue 607 OF | 32 and 6 | 207 1509 Florido Statut | oe tha a | 2014 | a pamed o | | | |
| 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 ag OFFICERS AN | | | L Registerer | J Ago | nt evulangie tre | equired when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| 12. Title | VD OFFICERS AN | DINE | DELETE | 1.1 (0 | TI F | 1. | PRESIDENT DIRECTO Change Addition | | |
| NAME | POWERS, GREGORY P | | <u></u> | 1.2 N/ | | | I KESTERNI TOTRICON | | |
| STREET ADDRESS | 1298 CORDOVA BLVD. | | | | | ADDRESS | Powers, Paul J. | | |
| CITY-ST-ZIP | ST. PETERSBURG FL | | | 1.4 CI | | | 417 Bella Vista Way | | |
| TITLE | VD | | DELETE | 2.1 Ti | | 1 20 | Sanibel Island, FL 33957 Change Addition | | |
| NAME | BAYER, BRIANA POWERS | | _ | 2.2 N/ | ME | | Powers, Barbara A. | | |
| STREET ADDRESS | 2860 BRADLEY ACRES COU | RT | | | | | 417 Bella Vista Way | | |
| CITY-ST-ZIP | HENDON VA | ••• | | | | ST - ZIP | Sanibel Island, FL 33957 | | |
| TITLE | VD . | | DELETE | 3.1 TE | | <u>,, -:</u> | Change Addition | | |
| NAME | POWERS, JEFFREY J | | | 3.2 N/ | | | | | |
| STREET ADDRESS | 1298 CORDOVA BLVD. | | | 3.3 \$1 | REET | ADDRESS | • | | |
| CITY-ST-ZIP | ST. PETERSBURG FL | | | 3.4. C | ITY - 9 | ST-ZIP | | | |
| TITLE | | | DELETE | 4.1 Ti | | | Change Addition | | |
| NAME | | | | 4. 2 N | AME | | | | |
| STREET ADDRESS | | | | 4.3 S1 | REET | ADORESS | | | |
| CITY-ST-ZIP | | | | 4.4 CI | <u> 1Y</u> -S | T- ZIP | | | |
| TITLE | | | ☐ DELETE | 5.1 TC | ILE | | Change Addition | | |
| NAME | | | | 5.2 N/ | ME | | 800002428678 | | |
| STREET ADDRESS | | | | 5.3 ST | REE1 | ADDRESS | -02/12/9801042014 | | |
| CITY-ST-ZIP | | | | 5.4 CI | <u> 1Y-S</u> | T- ZIP | ***150.00 | | |
| TITLE | | | DELETE | 6 1 TC | ΙLΕ | | ☐ Change ☐ Addition | | |
| NAME | | | | 6.2 N/ | ME | | Ψ 2 . | | |
| STREET ADDRESS | | | | 6.3 ST | reet | ADDRESS | 12.11 | | |
| CITY-ST-ZIP | | | | 6.4 CI | IY-S | 1-21P | | | |
| | ertify that the information supplied v | vithethis | filing does not qualify to | ne exe | mp | tion stated | in Section 119.07(3)(i), Florius statutes. I further certify that the information | | |

Thereby certify that the information supplies which his firing coes not qualify for the exemption stated in Section 119.07(3)(t), Florida statutes. Turther certify that the informatic indicated on this annual report or supplies that it among the supplies of the corporation or the occiver 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 or an attachment with an address.

11/10/98

280-740-8554