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 #

P95000009802 (6)

TOUCH-N-GO INC.

Principal Place of Business Mailing Address 236 PINE CONE TRAIL 236 PINE CONE TRAIL ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/01/1995 2. Principal Place of Bysiness 2e. Mailing Address 26 P. O. 130x 9773 FEI Number Applied For 2271 OLD KINGS Rd. 59-3293020 26 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be DAYTONA BEACH, FL П Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible 30 VolusiA 32120 29 Personal Property Tax due June 30. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 PEARSON, MARK S 236 PINE CONE TRAIL 82 ORMOND BEACH FL 32174 83 84 City 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. (NOTE: Registered Agent signature required when remstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE X Change 1.1 TITLE MARK S PEARSON NAME 1.2 NAME 2271 Old Kings RD 18 PINE CONE TRAIL STREET ADDRESS 1.3 STREET ADDRESS Daytona Bch Fl 32119 RMOND BEACH FL CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Addition **Change** TITLE 2.1 TITLE LESLIE M. PEARSON NAME 2271 Old Kings Rd **206 PINE CONE TRAIL** STREET ADDRESS 2.3 STREET ADDRESS ÖRMOND BEACH FL Daytona Bch Fl 32119 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3.1 TITLE Change ___ Addition TITLE NAME 3 2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE Change Addition TITLE 417006 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP Change DELETE TITLE 5 1 TITLE ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 frue 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 altachment with an address.

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FILED

May 14 1998 8:00am

Secretary of State