

FILE NOW: FILING FEE AFTER MAY 1ST IS \$90

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF Sandra B. Mori Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P95000011962 (4)**

1. Corporation Name
CHARLES E. DRISCOL, INC.

Principal Place of Business
**13692 ORANGE BLVD.
WEST PALM BEACH FL 33412**

Mailing Address
**13692 ORANGE BLVD.
WEST PALM BEACH FL 33412**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1995

4. FEI Number

65-0755330

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Co

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DRISCOL, TRUDI
13692 ORANGE BLVD.
WEST PALM BEACH FL 33412**

Name

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

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **DRISCOL, CHARLES E**
STREET ADDRESS **13692 ORANGE BLVD.**
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

11 ☐ Change ☐ Addition
12
13 DRESS
14 0P

TITLE **ST** ☐ DELETE
NAME **DRISCOL, TRUDI**
STREET ADDRESS **13692 ORANGE BLVD.**
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

21 ☐ Change ☐ Addition
22
23 DRESS
24 ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 ☐ Change ☐ Addition
32
33 DRESS
34 ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 ☐ Change ☐ Addition
42
43 DRESS
44 ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 ☐ Change ☐ Addition
52
53 DRESS
54 ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 ☐ Change ☐ Addition
62
63 DRESS
64 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 true and accurate. 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 reports as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or only in attachment with an address.

SIGNATURE: *Trudi R. Driscoll*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-98
Date

561-795-1327
Daytime Phone # **0319020**

CR2034 (10/97)