

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

FILED  
Feb 27 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 # **P95000022355 (8)**

1. Corporation Name

**SALTBUSH MANAGEMENT CORP.**



Principal Place of Business

**1140 DUNN AVENUE  
JACKSONVILLE FL**

Mailing Address

**473 SALTBUSH CT.  
P.O. BOX 88  
JACKSONVILLE FL 32225  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/20/1995**

4. FEI Number

**59-3310841**

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**

**25 Country**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

**27 City & State**

**28 Zip**

**30 Country**

9. Name and Address of Current Registered Agent

**WEEKS, JOHN M  
473 SALTBUSH COURT  
JACKSONVILLE FL 32225**

10. Name and Address of New Registered Agent

**81 Name Alexandra Weeks**

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

**473 saltbush Ct**

**83**

**84**

**City Jacksonville**

**FL**

**85 Zip Code 32225**

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

*Alexandra Weeks*

**2/23/98**

(Signature, typed or printed name of registered agent or director if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD**  
**NAME VELOZO, GERALD JR.**  
**STREET ADDRESS 63 S. MAIN STREET**  
**CITY- ST- ZIP ASSONET MA 02702**

**TITLE VD**  
**NAME WEEKS, ALEXANDRA**  
**STREET ADDRESS 473 SALTBUSH COURT**  
**CITY- ST- ZIP JACKSONVILLE FL 32225**

**TITLE TD**  
**NAME WEEKS, JOHN M**  
**STREET ADDRESS 473 SALTBUSH COURT**  
**CITY- ST- ZIP JACKSONVILLE FL 32225**

**TITLE D**  
**NAME VELOZO, SUZANNE**  
**STREET ADDRESS 63 S. MAIN STREET**  
**CITY- ST- ZIP ASSONET MA 02702**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE**  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY- ST- ZIP**

**2.1 TITLE**  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY- ST- ZIP**

**3.1 TITLE**  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY- ST- ZIP**

**4.1 TITLE**  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY- ST- ZIP**

**5.1 TITLE**  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY- ST- ZIP**

**6.1 TITLE**  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**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 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:

*Alexandra Weeks*

**2/23/98 (904) 387-6778**

CR2E034 (10/97)