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

**PROFIT CORPORATION ANNUAL REPORT** 

CITY-ST-ZIP

TITLE

NAME

JACKSONVILLE FL 32257

Casey, Patricia D.

v



FLORIDA DEPARTMENT OF STATE

**FILED** 

Oct 07 1998 8:00am

Secretary of State

Change XIX Xddition

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

P95000028128 (3)

SUCCESS DEVELOPMENT INTERNATIONAL, INC.

Principal Place of Business Mailing Address 9799 ST AUGUSTINE RD 9799 ST AUGUSTINE RD JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/10/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 26 59-3307487 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 RAX CO. MOTOLAW, Inc.

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

50 North Laura Street % MAHONEY ADAMS & CRISER, P.A. 82 50 NORTH LAURA ST., 3400 BARNETT CENTER JACKSONVILLE FL 83 Suite 2750 City 84 85 Zip Code 32202 Jacksonville 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. turbicars a 9-30-98 SIGNATURE name of repotered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELE 1E TITLE 11THE Change \_\_\_ Addition CASEY, SHAWN M NAME 1.2 NAME CR2E034 9799 ST AUGUSTINE ROAD STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP 14 CITY-ST-ZIP XXX DELETE Change XX Midition TITLE 21 TITLE DTV **GEISLER, CURT** NAME 2.2 NAME Vroman, Ralph E. Jr. 9799 OLD ST. AUGUSTINE ROAD STREET ADDRESS 2.3 STREET ADDRESS 9799 Old St. Augustine Road Jacksonville, FL 32257 JACKSONVILLE FL 32257 CITY-ST-ZIP 2. 4 C/TY - S1 - Z/P DELETE TITLE 3.1 TITLE **PE**NA, DANIEL S SR. NAME 3.2 NAME Ormand, Jarrell 9799 ST. AUGUSTINE ROAD STREET ADDRESS 3.3 STREET ADDRESS 9799 Old St. Augustine Road JACKSONVILLE FL 32257 CITY-ST-ZIP 3.4. CITY-ST-ZIP Jacksonville, FL 32257 Change XXXddition TITLE DELETE 4.1 TITLE RACH, RAYMOND NAME 4. 2 NAME Carey, Hugh S. 9799 ST. AUGUSTINE ROAD STREET ADDRESS 4 3 STREET ADDRESS 9799 Old St. Augustine Road JACKSONVILLE FL 32257 CITY-ST-ZIP 4.4 CITY-ST-ZIP Jacksonville, FL 32257 Change DELETE THEF 5.1 TITLE Addition SESSIONS, VICKI NAME 5.2 NAME 9799 ST. AUGUSTINE ROAD STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

61 TITLE

6.2 NAME

STREET ADDRESS
9799 Old St. Augustine Road
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 support internal 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 of the receiver or trustee graphometed 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.

3-28-98

DELFTE