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

FILED Sep 09 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **COMPORATION** Sandra B. Mortham AMNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P95000033255 (7) DOCUMENT # A. S. CUTLER, INC. Principal Place of Business Mailing Address 1000 PARK STREET 1003 PARK STREET JACKSONVILLE FL 32204 JACKSONVILLE FL 32204 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/20/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3308849 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zιp Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name CUTLER, ADA S 1003 PARK STREET 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32204 83 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typied or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELFTE ___ Change 1.1 TITLE Addition TITLE **CUTLER, ADA S** NAME 1.2 NAME CR2E034 **1003 PARK STREET** STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32204 CITY-ST-ZIP 1.4 CITY - ST - ZIP ☐ Change DELETE Addition 21 TITLE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 3.1 1011€ NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHTY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 54 CITY-ST-7IP CITY-ST-ZIP DELETE Change Addition THE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

904

6.4 CITY-S1-ZIP 14. Thereby 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

NAME

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address.