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

PROFIT CORPORATION **ANNUAL REPORT**

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 11 1998 8:00am

Secretary of State

(850) 436-7547

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000045394 (0)

THEOD Principal Plac	ORE W. SOULE, P.A.	Mailing Address			
l '		•			
316 S BAYLEN ST 316 S BAYLEN ST			1		
SUITE 560 SUITE 560 SUITE 560 PENSACOLA FL 32501				DO NOT WRITE IN	THIS SPACE
121210021		1 210/10021 12 02007		3. Date Incorporated or Qualified	
İ				06/06/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3322209	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$9.75 Addis01
22		27		5. Certificate of Status Desired	Fee Regulred
City & State	8	City & State		8. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes or has paid to	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr		T T	10. Name and Address of New Regist	tered Agent
SO	ULE, THEODORE W		81 Name		
316	S S BAYLEN ST		62 Street Add	dress (P.O. Box Number is Not Acceptable)	
SUITE 560		83			
rer	NSACOLA FL 32501				
			84 City		FL 85 Zip Code
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					
	Signature, typed or printed name of registerest		Registered Agent signature requ		DATE
12,	OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICER	Change Addition
TITLE	SOULE, THEODORE W	C Detele	1.1 TITLE		LT Change LT Addition
NAME	6501 EL PRESIDEO		1.2 NAME		
STREET ADDRESS	PENSACOLA FL 32504		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32304	☐ DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE		- Detert	2.1 TITLE		C Grange C Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
City-St-ZIP		DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE		occ.,;	3.1 TITLE		CT OHOURS CT VIOLENT
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4 CITY-ST-ZIP		Change Addition
TITLE		C Otterit	4.1 TITLE		C Change C Addition
NAME			4. 2 NAME		\
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE		C Decete	5.1 TITLE		יין אינווויסו ביין אינווויסו ביין
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		Į
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		otter	6.1 TITLE		C Griding C Admitted
NAME STREET ADORESS			6.2 NAME 6.3 STREET ADDRESS		i
OTRECTALIUMESS I			= 0.0 STREET AUTUMESS		

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 suppliemental 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 approximation.