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PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

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CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jan 15 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000051321 (4)

FREDERICK C. THACHER, C.P.A., P.A.

Principal Place of Business Mailing Address 9165 128TH WAY NORTH 9750 SEMINOLE BLVD SUITE 1 SEMINOLE FL 34646 DO NOT WRITE IN THIS SPACE SEMINOLE FL 33772 3. Date Incorporated or Qualified 06/30/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3332976 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THACHER, FREDERICK C 9165 128TH WAY NORTH Street Address (P.O. Box Number is Not Acceptable) SEMINOLE FL 33776 83 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition Change DELETE 1.1 TITLE TITLE THACHER, FREDERICK C 1.2 NAME NAME 9165 128TH WAY NORTH 1.3 STREET ADDRESS STREET ADDRESS SEMINOLE FL 1.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change Addition ■ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE

82 NAME

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 opporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP