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FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000061080 (4)

1. Corporation Name

RALPH W. TODD, INC.

Principal Place of Business

Mailing Address

~~7040 COPPERFIELD CT.~~
~~ORLANDO FL 32825~~

~~7040 COPPERFIELD CT.~~
~~ORLANDO FL 32825~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1995

4. FEI Number

Applied For

59-3332396

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 14316 LETHAM GRANGE CT.

2a. Mailing Address
26 14316 LETHAM GRANGE CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 ORLANDO, FL

27 City & State
28 ORLANDO, FL

24 Zip Country
32828 ORANGE

29 Zip Country
32828 ORANGE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TODD, RALPH W

~~7040 COPPERFIELD CT.~~

~~ORLANDO FL 32825~~

81 Name

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

14316 LETHAM GRANGE CT.

83

84 City

ORLANDO

FL

85 Zip Code

32828

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 registered agent and title if applicable

RALPH W. TODD

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS ☐ DELETE
NAME TODD, RALPH W
STREET ADDRESS ~~7040 COPPERFIELD CT.~~
CITY-ST-ZIP ~~ORLANDO FL~~

1.1 TITLE D ☒ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 14316 LETHAM GRANGE CT.
1.4 CITY-ST-ZIP ORLANDO, FL 32828

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 in an attachment with an address.

SIGNATURE:

RALPH W. TODD

407-281-9476

CR2E034 (10/97)