## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000065612 (0)

CHRIS LUTY, INC.

CITY-ST-ZIP

Solito Application of Country											i
SARASOTA FL 34222 VENICE FL 3428 US  US  1. Principal Place of Business 2. Mailing Address   2. Mailing Address   3. Date Incorporated or Qualified   0.06/24/19895   0.06/24/	Principal Plac	ce of Busines	s	Mallin	g Address			<del></del> · · ·	- I TABUHADU INU UNUN UNEU BUHUK ORUH KORKU ED	ile ojujet etrie oxiet tioto ilot ilot	l
2. Principal Place of Business	5545 FRUITVILLE ROAD SARASOTA FL 34232			VENICE	VENICE FL 34293				DO NOT WRITE IN THIS SPACE		
22   Melling Address   23   Additional   28   Country   Sulls, Apt. #, etc.   Sulls, A	• •			•			•				
22   Melling Address   23   Additional   28   Country   Sulls, Apt. #, etc.   Sulls, A									08/24/1995		
Sollus, Apt. 8, etc.  Criy & State  Criy & State  Criy & State  Criy & State  Country  Zep  Zep  Zep  Country  Zep  Zep  Zep  Country  Zep  Zep  Zep  Zep  Zep  Zep  Zep  Ze	2. Principal F	Place of Busin	1055	2a. Ma	Iling Address			··· · · - <u>-</u>		Applied For	$\dashv$
Solitic, Apt. 8, etc.    State   State	21		26	26				65-0611040	<del></del>	ie	
Compton   State   Country   Country   Country   Country   State   Country   State   Country   State	Suite, Apt	#, etc.	Su	Suite, Apt. #, etc.						Ť	
City & State 23	22		27	27				5. Certificate of Status Desired L.J.	•	- 1	
28		te	Cit	City & State				6. Election Campaign Financing	\$5.00 May Bo	-	
24	23			28	28						
24   25   20   30   Personal Property Tax due June 30.	Zip	Zip Country			Zip Country				8. This corporation owes or has paid the o	urrent year Intangible	
DAN PREWETT 5787 BENEVA ROAD S., UNIT 15 SARASOTA FL 34233  82 Street Address (P.O. Box Number is Not Acceptable)  83   Ball	24										
STREET ADDRESS CITYST 2P  TITLE  DELETE  DELET	<u></u>	9. Name	and Address of Cu	rent Registere	d Agent				10. Name and Address of New Registers	d Agent	
SARASOTA FL 34233    B3	DAN	I PREWETT					81	Name	·		
SARASOTA FL 34233    B3								Stroot Add	ress (D.O. Boy Number is Not Assentable)		
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this atlatement for the purpose of changing its 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, 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, or both in the State of Florida Statutes.  SIGNATURE							Olioot Addi	ress (i .o. box ribiliber is Not Acceptable)			
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Floridal 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, and accept the obligations of, section 607.0505, Floridal Statutes.  Image: I am familiar with, and accept the obligations of, section 607.0505, Floridal Statutes.  It is marked to be a composition of the provision of the							83				$\exists$
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11. Pursuant to the provisions of sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 607,0505, Florida Statutes.  SIGNATURE    Signature   PISD							64	City	F	85 Zip Code	
SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE TITLE LUTY, CHRIS LUTY, CHRIS LUTY, CHRIS STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP S	OTHER OF	reaist <b>ere</b> a ac	iant, or both, in the S	ana of Florida 3	such change was e	uthorizar	1 hw	the corporati	pration submits this statement for the nurses of	changing its registered	
Signature, typed or printed name of regulated against and that if applicable  2. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PTSD  UTTY, CHRIS  STREET ADDRESS  2580 LOGAN ROAD  13. STREET ADDRESS  CHYST-ZIP  TITLE  UTTY, CHRIS  STREET ADDRESS  CHYST-ZIP  TITLE  DELETE  22 NAME  23. STREET ADDRESS  CHYST-ZIP  TITLE  DELETE  3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change			itii, and accept the o	oligations of, se	Cilon 601.0303, Flo	noa stat	UIUS	•			
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  LUTY, CHRIS  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  ADDRESS  CITY-ST-ZIP  TITLE  DELETE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  STRITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  STRITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  Change  Addition  Addition  Addition  Change  Addition  Addition  Addition  Change  Addition  Addition  Addition  Change  Addition  Addition							red Ag	eni signature req	uired when reinstating) DATE	<b></b>	
DELETE   1.5 TITLE     Change   Addition	12.	OFFICERS AND DIRECTORS								AND DIRECTORS IN 12	$\exists$
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CITY_ST-ZIP   VENICE FL	NAME	LUTY, CH	ris			1.2 NA	ME				¨   ;
DELETE   DELETE   2.1 TITLE   DELETE   2.1 TITLE   DELETE   Addition	STREET ADDRESS	2560 LOG	IAN ROAD			1.3 ST	REET	ADDRESS			Hi
NAME	CITY-ST-ZIP	VENICE F	L			1.4 CIT	TY-\$T-	ZIP		1*	
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DELETE	STREET ADDRESS					2.3 STI	REETA	ADDRESS			
NAME	CITY-ST-ZIP	_				2.4 CIT	Y-ST-	ZIP	•		ŀ
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34 CITY-ST-ZIP     34 CITY-ST-ZIP	NAME					3.2 NA	ME				
DELETE	STREET ADDRESS	ļ				3.3 STA	REETA	ADDRESS		•	
NAME	CITY-ST-ZIP					3.4 CIT	Y-ST-	ZIP			
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A CITY-ST-ZIP	NAME					4.2 NA	ME			onango	
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	NAME							ĺ		Change [_] Addition	<u> </u>
	STREET ADDRESS							DDRESS			

6.4 CITY-ST-ZIP

**FILED** Oct 01 1998 8:00am Secretary of State



14. I hereby certify that the information supplied with this filing does not qualify for the examption 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 chapted, or on an attactment with an address.