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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000065840 (7)

THE LAW OF THREES, INC.

Principal Place of Business Mading Address 621 GULFSTREAM AVE. S. 621 GULFSTREAM AVE. S. SARASOTA FL 34236 SARASOTA FL 34236 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/21/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0605060 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BELOTT, ROBERT L 621 GULFSTREAM AVE. S. 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 83 84 City 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 agont, 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE TITLE 1.1 TITLE Change ☐ Addition NAME HADLEY, VICKI L 12 NAME STREET ADDRESS **621 GULFSTREAM AVE. S.** 1.3 STREET ADDRESS SARASOTA FL 34238 CITY-ST-7IP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE ☐ Change Addition TITLE BELOTT, ROBERT L 2.2 NAME NAME **621 GULFSTREAM AVE. S.** 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE BELOTT, KAREN N NAME 3.2 NAME 621 GULFSTREAM AVE. S. STREET ADDRESS 3.3 STREET ADDRESS SARASOTA FL 34238 CITY-ST-ZIP 3 4. CITY-ST-ZIP Addition DELETE TITLE 4.1 TITLE Change NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP ☐ DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP CITY-ST-ZIP 14. 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 on an attachment with an address. Vicki Hadley 991-955-4683 **SIGNATURE:**