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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000072634 (5) DOCUMENT

EARL ALBRIGHT & ASSOCIATES INC.

FILED May 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 16614 FOOTHILL DRIVE 16614 FOOTHILL DRIVE TAMPA FL 33624 **TAMPA FL 33624** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>09/18/1995</u> 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 21 26 59-3350218 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 \Box 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current ear Intangible 24 25 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ALBRIGHT, EARL R JR. 16614 FOOTHILL DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33624** 83 City Zip Code 85 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 rejestered agent and tale if applicable (NOTE: Registered Agent signature required when reinstating) OLLICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE NAME EARL R ALBRIGHT JR. 1.2 NAME 16614 FOOTHILL DR STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MARGARET M ALBRIGHT 2.2 NAME STREET ADDRESS 16614 FOOTHILL DRIVE 2.3 STREET ADDRESS TAMPA F CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP ☐ DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby 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 eath; that I am an officer or director of the corporation or the processory trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

indicated on this annual report or supplicinental annual report is fue and as officer or director of the corporation or the piceword trustee empowered to Block 12 or Block 13 if changed for our applicational working the production of the piceword trustee empowered to the piceword trustee or production of the piceword of the piceword trustee or production or

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