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FILED
Jan 23 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 # **P95000085595 (3)**

1. Corporation Name

PERSONAL SALES CORPORATION



Principal Place of Business

Mailing Address

**5271 IMAGIES CIRCLE
STE 106
KISSIMMEE FL 34746
US**

**5271 IMAGIES CIRCLE
STE 106
KISSIMMEE FL 34746
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1995

4. FEI Number

59-3348142

Applied For

Not Applicable

6. 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 5271 IMAGIES CIR

Suite, Apt. #, etc.

22 106

City & State

23 KISSIMMEE, FL

Zip

24 34746

Country

25 FLORIDA

2a. Mailing Address

26 5271 IMAGIES CIR

Suite, Apt. #, etc.

27 106

City & State

28 KISSIMMEE, FL

Zip

29 34746

Country

30 FLORIDA

9. Name and Address of Current Registered Agent

**HUTCHENS, ALLEN G.
5271 IMAGIES CIRCLE
STE 106
KISSIMMEE FL 34746**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/16/98

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **WRIGHT, JUANITA M**

STREET ADDRESS **863 NE 182**

CITY-STATE-ZIP **PORTLAND OR 97230**

TITLE **VD** ☐ DELETE

NAME **HUTCHENS, BONNIE K**

STREET ADDRESS **5271 IMAGIES CIRCLE STE 106**

CITY-STATE-ZIP **KISSIMMEE FL**

TITLE **S** ☐ DELETE

NAME **HUTCHENS, ALLEN G.**

STREET ADDRESS **5271 IMAGIES CIRCLE STE 106**

CITY-STATE-ZIP **KISSIMMEE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 on an attachment with an address.

SIGNATURE

Allen G. Hutchens

01/16/98

407-397-0260

CR2E034 (10/97)