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

DOCUMENT # P95000087331 (1)

DON SINSABAUGH, INC.	
Principal Place of Business	Mailing Address
3924 CYPRESS LANDING NORTH WINTER HAVEN FL 33884	3924 CYPRESS LANDING NORTH WINTER HAVEN FL 33884

FILED May 11 1998 8:00am Secretary of State



3924 CYPRES WINTER HAVE	s landing North En FL 33884		3924 CYPRESS LANDING NORTH WINTER HAVEN FL 33884					
					DO NOT WRITE IN THI	S SPACE		
					3. Date Incorporated or Qualified			
6 Principal P	lace of Business	2s. Mailing Address			11/14/1995 4. FEI Number	1 14.		
	Idea of Educates						oplied For	
21 Sulte, Apt.	# etc	Suite, Apt. #, etc.		· -	59-3333258		ot Applicable	
22		27	27		5. Certificate of Status Desired	Fee Required		
City & State	ty & State City & State				6, Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be to Fees	
Zip	Country		Z (p Countr		8. This corporation owes or has paid the			
24	25		30		Personal Property Tax due June 30.		_ No	
Name and Address of Current Registered Agent			81	10. Name and Address of New Registered Agent				
	isa b augh, don		6'	Name				
3924 CYPRESS LANDING NORTH WINTER HAVEN FL 33884			82	82 Street Address (P.O. Box Number is Not Acceptable)				
	THE THIRD TO SOUT		83					
			84	City	F	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								
DIGITATIONE	Signature, typed or printed name of migistered		: Registered Ag	ent signature req	guired when reinstating) DATE			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE	PD	☐ DELETE	1.1 TITLE	1		L Change	Addition	
NAME	SI NSABAUGH, DON G		1.2 NAME					
STREET ADDRESS	3924 CYPRESS LANDING	N	1.3 STREE	ADDRESS			ļ	
CITY-ST-ZIP	WINTER HAVEN FL 33884	T DEVETE	1.4 CITY-	ST-ZIP			. 150	
TITLE		☐ DELETE	2.1 TiTL€			Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE				l	
CITY-ST-ZIP		- Contra	2.4 CITY-	ST - ZIP			A 1 705-2	
TITLE		☐ DELETE	3.1 TITLE			Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET					
CITY-ST-ZIP		3.4. CITY-ST-ZIP			Obanga	12/20/20		
	TITLE		4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAME	1				
STREET ADDRESS			4.3 STREE					
CITY-ST-ZIP		- Driere	4.4 CITY-1	ST-ZIP			12000	
TITLE		DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET				Ì	
CITY-ST-ZIP		T AFIE	5.4 CITY - 5	ST-ZIP				
TITLE	4	☐ DELETE	6.1 TITLE	-		Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	ADDRESS				
CITY-ST-ZIP	·		6.4 CITY - 5	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 oath; that I am an officer or director of the cociever or trusted 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.

4/30/48

041-325-9729