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PROFIT **CORPORATION ANNUAL REPORT**

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CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000092127 (6) DOCUMENT #

WILLIAM H. MCANNALLY, IV. P.A.

Principal Place of Business Mailing Address 420 W BRANDON BLVD. 420 W BRANDON BLVD. STE 202 DO NOT WRITE IN THIS SPACE BRANDON FL 33511 **BRANDON FL 33511** 3. Date Incorporated or Qualified 12/04/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3345702 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country $Z_{(i)}$ 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 MCANNALLY, WILLIAM H IV 420 W BRANDON BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **STE 202** 83 **BRANDON FL 33511** Zip Code 84 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 agest and title if applicable (NOTE Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE D DELETE 1.1 TITLE NAME MCANNALLY, WILLIAM H IV 1.2 NAME 420 W. Brandon Blud. **1521 OAKFIELD DRIVE** STREET ADDRESS 1.3 STREET ADDRESS **BRANDON FL 33511** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE Change NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-7IP □ DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TITLE 4.1 THILE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CITY-ST-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 on the receiver or trusted empowered to execute this profit as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an analysis in entry that an additional 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 on the receiver or trusted empowered to execute this profit as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an analysis in each of the corporation of the corporation