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

**PROFIT CORPORATION** ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P9600006654 (3) DOCUMENT #

AARON BURNS & CARROLL, INC.

Principal Place of Business Mailing Address 2129 IMPERIAL CIR 2129 IMPERIAL CIR NAPLES FL 34110 NAPLES FL 34110 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>01/19/1996</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For Not Applicable 21 65-0658883 Suite, Apt. #, etc Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WOLFE, LARRY 200-A JOHN KNOX ROAD Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32303-6643 83 Zip Code 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of requiremed append and lifte if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELFTE TITLE 1.1 TITLE Change Addition JENNER, STEPHEN C NAME 1.2 NAME 2129 IMPERIAL CIR STREET ADDRESS 13 STREET ADDRESS NAPLES FL CATY-ST-ZIP 1.4 CITY-ST-ZIP DILETE Change Addition TITLE 2.1 Till E NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST-ZIP DELETE Change \_\_\_ Addition 3.1 TITLE TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 61 TITLE 62 NAME

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 corporation or the receiver or project 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 appear in with an address.

**6.3 STREET ADDRESS** 

6.4 CITY - ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

(10/97

**FILED** 

Feb 25 1998 8:00am

Secretary of State