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

**PROFIT** CORPORATION **ANNUAL REPORT** 

21



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Ζip Country 8. This corporation owes or has paid the current year lutangible 24 Yes Personal Property Tax due June 30. 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BURBANK, WILLIAM F IV 81 100 HOLLOW BRANCH CROSSING Street Address (P.O. Box Number is Not Acceptable) 82 **ORMOND BEACH FL 32174** 83 Zin 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. Hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NO'E Registered Agent signature required when reinstalling) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 □ DELETÉ TITLE 1.1 100.0 ☐ Change Addition BURBANK, WILLIAM F IV NAME 1.2 NAME 100 HOLLOW BRANCH CROSSING STREET ADDRESS 1.3 STREET ADDRESS **ORMOND BEACH FL 32174** CITY-ST-ZIP 1.4 CHTY - ST - ZIP DELETE Change Addition TITLE 217811 THOMPSON, WILLIAM 2.2 NAM6 **768 HERBERT ST** STREET ADDRESS 2.3 STREET ADDRESS PORT ORANGE FL 32119 CITY-ST-ZIP 2 4 City - St - ZiP TITLE DELETE ☐ Change Addition 3.1 THLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7IP DELETE ☐ Change TITLE 4.1 1JTLF ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7/P DETETE Change Addition TITLE 5.1.100 F NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 6.1 THLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS 6.4 CHY-SI-7IP

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 officer or director of the corporali Block 12 or Block 13 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 very r trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in with an address

**FILED** 

Jan 15 1998 8:00am

Not Applicable

59-3356338