FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000021932 (4) PILLAR INVESTIGATIONS, INC. Principal Place of Business Mailing Address 1610 WILLOW OAK DR. PO BOX 291998 **EDGEWATER FL \$2132** PORT ORANGE FL 32129 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/07/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number 59-3373261 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution 28 Zip Country Country 24 25 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent WEHRBERGER, BONNIE JO 1610 WILLOW OAK DR. 82 Street Address (P.O. Box Number is Not Acceptable) **EDGEWATER FL 32132** 83 84 City SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. 12 **PVST** DELETE TITLE 1.1 TITLE WEHRBERGER, BONNIE JO 1.2 NAME NAME 1610 WILLOW OAK DR. 1.3 STREET ADDRESS STREET ADDRESS **EDGEWATER FL 32132** CITY-ST-ZIP

FILED Mar 03 1998 8:00am Secretary of State



Applied For

Not Applicable

Fee Regulred \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. XYes No Name and Address of New Registered Agent Zip 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change Addition 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZiP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITL F 62 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-7IP

14. Thereby certify that the information supplied with this filling 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.

Bonnie Wehrberger

2/25/98