

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000022561 (0)

1. Corporation Name

BETTOR, INC.

Principal Place of Business

3965 BESS ROAD
JACKSONVILLE FL 32277

Mailing Address

3965 BESS ROAD
JACKSONVILLE FL 32277

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1996

4. FEI Number

59-3366896

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 7275 Floral Ridge Dr.

Suite, Apt. #, etc.

22 City & State
23 Jacksonville, FL.

24 Zip
25 32277

26 Country
27 USA

2a. Mailing Address

26 7275 Floral Ridge Dr.

Suite, Apt. #, etc.

27 City & State
28 Jacksonville, FL.

29 Zip
30 32277

31 Country
32 USA

9. Name and Address of Current Registered Agent

STAMBAUGH, RENEE L
9520 GLENN ABBEY WAY
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

William L. Merritt

82 Street Address (P.O. Box Number is Not Acceptable)

83

7275 Floral Ridge Dr.

84 City

Jacksonville

FL

85

Zip Code
32277

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 *William L. Merritt*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

19 Sept. 1998

12. OFFICERS AND DIRECTORS

TITLE DP
NAME STAMBAUGH, RENEE
STREET ADDRESS 9520 GLENN ABBEY WAY
CITY-ST-ZIP JACKSONVILLE FL 32256

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.O.-T-5
1.2 NAME Annette T. Merritt
1.3 STREET ADDRESS 7275 Floral Ridge Dr.
1.4 CITY-ST-ZIP Jacksonville, FL. 32277

☐ Change

☒ Addition

2.1 TITLE DVP
2.2 NAME William L. Merritt
2.3 STREET ADDRESS 7275 Floral Ridge Dr.
2.4 CITY-ST-ZIP Jacksonville, FL. 32277

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 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.

SIGNATURE: *William L. Merritt*

19 Sept 1998 904 - 063-0528

CR2E034 (5/98)