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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000028906 (1)

H.D. ROBUCK, JR., P.A.

Principal Place of Business

Mailing Address

LEESBURG FL 34748

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## FILED Jan 21 1998 8:00am Secretary of State



610 E. MAIN STREET 610 E. MAIN STREET LEESBURG FL 34748 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/03/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 59-3370071 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ROBUCK, H D JR 610 E. MAIN STREET Street Address (P.O. Box Number is Not Acceptable) LEESBURG FL 34748 63 84 City Zip Code 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 agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE D 1.1 TITLE Change TITLE NAME ROBUCK, HD → < 1.2 NAME 610 E. MAIN STREET STREET ADDRESS 1.3 STREET ADDRESS LEESBURG FL 34748 CITY - ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 THILE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1 - ZIP DELETE 6.1 TITLE Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 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:

(352).321...3455