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).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000047805 (2)

STACEY J. PLUMMER, P.A.

Principal Place of Business	Mailing Address
2950 STH AVENUE	2850 5TH AVENUE
ST. PETERSBURG FL 33713	ST. PETERSBURG FL 33713

FILED Jul 23 1998 8:00am Secretary of State



						#
Principal Place of Business Mailing Address						
2950 5TH AVENUE 2950 5TH AVENUE						
ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33		ST. PETERSBURG FL 33713	3		50 NOT WOLFE #17	
					DO NOT WRITE IN T	HIS SPACE
					3. Date Incorporated or Qualified	
					06/05/1996	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3394810	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & Stat	€	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Zip Country		8. This corporation owes or has paid the	
24	[25]	29	30		Personal Property Tax due June 30.	Yes No
-	9. Name and Address of Current	Registered Agent		.1	10. Name and Address of New Register	red Agent
	PORATION SERVICE COMPANY		3	1 Name		
1201	I HAYS STREET		la la	2 Street A	ddress (P.O. Box Number is Not Acceptable)	
TALL	AHA\$\$EE FL 32301					
ı	Ç		8	3		
			Ε	4 City		85 Zip Code
11. Pursuant	to the provisions of eactions 607 0502	and 607 1508 Florida Statute	e the abov	e-named co	rporation submits this statement for the purpose of	
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a	uthorized i	ov the corpor	ration's board of directors. I hereby accept the ap	ppointment as registered
SIGNATURE						
	Signature, typed or printed name of registered agent			Agent signature	required when reinstating) DAT	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	——————————————————————————————————————
TITLE	PSTD	L DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	PLUMMER, STACEY J		1.2 NAM			
STREET ADDRESS	2950 5TH AVENUE		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33713		1.4 CITY			
TITLE		DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAM	i		
STREET ADDRESS			2.3 STRE	ET ADDRESS		1
CITY-ST-ZIP			2.4 CITY	ST-ZIP		
TITLE		DELETE	3.1 TITLE	1		Change Addition
NAME		<u> </u>	3.2 NAM	.		
STREET ADDRESS			3.3 STRE	ET ADDRESS		Į
CITY-ST-ZIP			3.4 CITY	i		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME		CT DECENE	4.2 NAM			C Shange C Addition
				ET ADDRES\$		
STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY			
TITLE		L DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAM	1		
STREET ADDRESS			53 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAM	.		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP			6.4 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 comporation 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.

Manner