

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

**FILED**  
**Apr 23 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 # P96000056092 (5)**

1. Corporation Name  
**STORRS THEUS AND ASSOCIATES, INC.**



Principal Place of Business  
**6606 APPALOOSA DRIVE TAMPA FL 33625**

Mailing Address  
**6606 APPALOOSA DRIVE TAMPA FL 33625**

DO NOT WRITE IN THIS SPACE

**NEW** ↓  
 2. Principal Place of Business  
 21 **2216 GEIGEL COURT**  
 Suite, Apt. #, etc.  
 22 **ORLANDO, FL**  
 City & State  
 23 **32806**  
 Zip  
 24  
 Country  
 25 **USA**

**NEW** ↓  
 26. Mailing Address  
 26 **2216 GEIGEL CT.**  
 Suite, Apt. #, etc.  
 27 **ORLANDO, FL**  
 City & State  
 28 **32806**  
 Zip  
 29  
 Country  
 30 **USA**

3. Date Incorporated or Qualified  
**07/01/1996**

4. FEI Number  
**59-3388617**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$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

9. Name and Address of Current Registered Agent  
**CARDOSO, OSCAR CPA**  
**324 S HYDE PARK AVE #230**  
**TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STORRS, HOLLY T</b>	
STREET ADDRESS	<b>6606 APPALOOSA DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33625</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>THEUS, DAVID A</b>	
STREET ADDRESS	<b>1806 VAN WERT AVENUE, #1</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32205</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: **Holly T Storrs** **4-17-98** **407-851-9131**

CFR2E034 (10/97)