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 # P96000064404 (2) HOWARD L. WHELCHEL, JR., P.A. Principal Place of Business Mailing Address 3928 MAGNOLIA DRIVE 3928 MAGNOLIA DRIVE LEESBURG FL 34748 LEESBURG FL 34748 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 07/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3391730 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WHELCHEL, HOWARD L JR. 3928 MAGNOLIA DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) LEESBURG FL 34748 83 В4 City Zip Code 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 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 the state of Florida Statutes. TOWAND L. WHELCHEL SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition WHELCHEL, HOWMIN L. WHELCHER, HOWARD L NAME 1.2 NAME 3928 MAGNOLIA DR STREET ADDRESS 1.3 STREET ADDRESS LEESBURG FL CITY-ST-ZIF 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 DFLETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 chapter 607, and that my name appears in Block 12 or Block 13 if chapter 607.

CIONATURE.

CITY-ST-ZIP

HOWING L. INHEIMEL

3/20/28

352-787-6783

FILED

Mar 26 1998 8:00am

Secretary of State