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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000068068 (1) DOCUMENT

STURGIS & BLAIR, INC.

P.O BOX 6525	ļ
CLEARWATER FL 33758 US	
2a. Mailing Address	
	US

FILED May 26 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE te Incorporated or Qualified 8/15/1996 Applied For 59-3397480 Not Applicable Suite, Apt. #, etc Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country $Z_{\rm ID}$ 8. This corporation owes or has paid the current year Intengible XX Yes 24 Personal Property Tax due June 30. □ No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JOHNSON, JAY B 2120 RANGE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34625** 83 84 City Zip Code 85 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 hains of regulariest agent med tited appearant. (NOTI Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELE TE Change Addition TITLE 1 1 TITLE JOHNSON, JAY B 1.2 NAME NAME 3P2E034 2120 RANGE ROAD 1.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 34625** CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE ☐ Change Addition 21 TITLE TITLE ROCKWELL, NORMAN S NAME 2.2 NAME 2120 RANGE ROAD STREET ADDRESS 2 3 STREET ADDRESS **CLEARWATER FL 34625** CITY-ST-ZIP 2 4 CITY - \$1 - ZIP DELETE Change Addition 3 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 THLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS City-ST-7IP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE 5000025359**7**5 -05/27/98--01012--006 NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS ***150.00 CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 suppliemental 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.

CIGNATURE

29 April 98