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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Mar 11 1998 8:00am

Secretary of State

3/9/90 00/5320192

Secretary of State DIVISION OF CORPORATIONS

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Principal Place of Business Mailing Address 2781 FAYSON CIRCLE 2781 FAYSON CIRCLE **DELTONA FL 32738 DELTONA FL 32738** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/16/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3414668 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes X No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PARSONS, JOHN 2779 FAYSON CIRCLE Street Address (P.O. Box Number is Not Acceptable) **DELTONA FL 32738** 83 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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. \_\_ DELETE Change Addition TITLE 1.1 TITLE PARSONS, JOHN NAME 1.2 NAME 2781 FAYSON CIRCLE STREET ADDRESS 1.3 STREET ADDRESS **DELTONA FL 32738** CITY-ST-ZIP 1.4 CiTY - ST- ZIP DELETE TITLE 2.1 TITLE Change Addition PARSONS, PRISCILLA NAME 2.2 NAME 2781 FAYSON CIRCLE STREET ADDRESS 2.3 STREET ADDRESS **DELTONA FL 32738** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 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 NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP 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.

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