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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Prace of Business



FLORIDA DEPARTMENT OF STATE

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Apr 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078808 (8)

ARMENTROUT & THEIS, CPAS, P.A.

appears in Block 12-or Block 13 if changed, or

SIGNATURE:

1001 N WASHINGTON BLVD 1001 N WASHINGTON BLVD SUITE 101 SUITE 101 **SARASOTA FL 34236-3425** SARASOTA FL 34236 3. Date incorporated or Qualified 3a. Date of Last Report 09/20/1996 FEI Number 2. Principal Place of Business Mailing Address Applied For Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country angible tax under s. 199.032, Zω Country Zip This corporation has liability for j Yes ☐ No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name ARMENTROUT, TERRY L 1001 N WASHINGTON BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 101 83 SARASOTA FL 34238 City Zip Code 84 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. Lam 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 algorature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition Change DPT DELETE 1.1 TITLE THE ARMENTROUT, TERRY L 1.2 NAME NAME 6162 BONAVENTURE CT 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34243 1.4 City - St - ZIP CITY - ST - ZF Change Addition DELETE 2.1 TITLE THLE THEIS, E. FREDERICK JR 2.2 NAME NAME 170 W DEARBORN 2.3 STREET ADDRESS STREET ADDRESS ENGLEWOOD FL 34224 2.4 CITY-SY-ZIP CITY-ST-ZIF Addition DELETE Change 3.1 TITLE HitE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY ST-ZIP Addition Change DELETE 4.1 TITLE TITLE NAM6 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP City-St-7IP DELETE Change Addition 5.1 TITLE THEF 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP EITY-ST-ZIP ___ DELETE 6.1 TITLE Change Addition THE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-\$1-ZIP

14. I do 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