## 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 # P96000094597 (7)

FLORIDA AGENTS, INC.

Principal Place of Business Mailing Address 2160 TANGLEWOOD WAY NE 2180 TANGLEWOOD WAY NE ST. PETERSBURG FL 33702-4754 ST. PETERSBURG FL 33702-4754 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3160353 Not Applicable 21 26 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zιρ 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes ☐ No 24 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name DEGNAN, JAMES 2160 TANGLEWOOD WAY NE Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33702-4754 83 84 City Zio Code 11. Pursuant to the opvisions of Sections 607.05.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registrical agent on 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 adorate the obligations of Section 607.0505, Florida Statutes. SIGNATURE atered agent and title it applicable stered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change Addition DELETE TITLE 1.1 TITLE **DEGNAN, JAMES** 1.2 NAME NAME 2160 TANGLEWOOD WAY NE 1.3 STREET ADORESS STREET ADDRESS ST. PETERSBURG FL 33702-4754 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY+ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4 LTITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

14. Thereby 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 appliemental actual 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 of the receipt or pusted 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 altachment with an address.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

63 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CiTY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

JAMES DEGNA

3/3/98 8/3/521-2180

Change

Change

Addition

Addition

**FILED** 

Mar 11 1998 8:00am

Secretary of State