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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 21 1998 8:00am Secretary of State

| DOCUMENT # P96000099093 (2) | | | | <u></u> | |
|---|--|--------------------------|-----------------------------------|--|---|
| CHARLES F. DUDLEY, P.A. | | | | ĺ | |
| Olivai | illo 1. Boblet, 1.A. | | | i italiant ill inde dite delle ance ance | AFILM SÄTTEN SALTS PRINK SÄTEND STEF TUNG |
| | | | | | |
| Principal Place of Business Mailing Address | | | | | FALLE (OCIO 1812) ABIO TALLO (11) 1841 |
| 215 SOUTH MONROE STREET POST OFFICE BOX 10685 | | | | | |
| SUITE 420-A TALLAHASSEE FL 32302 TALLAHASSE FL 32301 | | | | DO NOT WRITE IN | THIS SPACE |
| | | | | 3. Date Incorporated or Qualified | |
| | | | | 12/09/1996 | |
| <u> </u> | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | Suite, Apt. #, etc. | | 59-3418621 | Not Applicable |
| 22 | | 27 | | 5. Certificate of Status Desired | 38.75 Additional Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid th | |
| 24 | 25 Name and Address of Current | | 80 | Personal Property Tax due June 30. | Yes No |
| 9. Name and Address of Current Registered Agent DUDLEY, CHARLES F 81 Name 5 AMC | | | | | |
| 215 SOUTH MONDOE STREET | | | | Same | |
| SUITE 420-A | | | 82 Street Add: | ress (P.O. Box Number is Not Acceptable) | |
| TALLAHASSE FL 32301 | | | 83 4.1. | 2 420 | |
| 1 | | | 84 City | E 180 | 85 Zip Code |
| | | | | Same | FL Same |
| 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 rediffice 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| P(1) = | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent a | red when reinstating) D. | 1 1 7 1 0 ATE | | |
| 12. | OFFICERS AND (| | 13. | ADDITIONS/CHANGES TO OFFICERS | |
| TITLE | D DIEDLEY OLIVEIES | DELETE | 1.1 TITLE | | Change Addition |
| NAME | DUDLEY, CHARLES F POST OFFICE BOX 10685 N | 1/A | 1.2 NAME | | |
| STREET ADDRESS | TALLAHASSE FL 32302 | I/A | 1.3 STREET ADDRESS | | - |
| CITY-ST-ZIP TITLE | 17 EE 11 11 OOL 1 E 02002 | DELETE | 1.4 CITY - ST - ZIP 2.1 TITLE | | Change Addition |
| NAME | | | 2.2 NAME | ı | Ondango Addition] |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2. 4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 3.4. CITY - ST - ZIP 4.1 TITLE | | Change Addition |
| NAME | | - Detect | 4.1 ITILE 4.2 NAME | | ☐ Change ☐ Addition |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | Delete | 5.4 CITY-ST-ZIP | | 100 |
| NAME | | ☐ DELETE | 6.1 TITLE | | LI Change LI Addition |
| STREET ADDRESS | | | 6.2 NAME 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |
| | | | 4110411-01-EIF | | |