


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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000100724 (9)**

1. Corporation Name

ALGOA, INC.

Principal Place of Business

Mailing Address

**3350 CHARLES MACDONALD DRIVE
SARASOTA FL 34240**

**3350 CHARLES MACDONALD DRIVE
SARASOTA FL 34240**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1996

4. FEI Number

65-0711676

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 120 LITTLE WEKIVA CT

Suite, Apt. #, etc.

22 LONGWOOD FL 32779

City & State

23

Zip

24 32779

Country

25 USA

2a. Mailing Address

26 120 LITTLE WEKIVA CT

Suite, Apt. #, etc.

27 LONGWOOD FL 32779

City & State

28

Zip

29 32779

Country

30 USA

9. Name and Address of Current Registered Agent

**PRIEST, ROSALIE F
3350 CHARLES MACDONALD DRIVE
SARASOTA FL 34240**

120 LITTLE WEKIVA COURT

LONGWOOD, FL 32779

10. Name and Address of New Registered Agent

81 Name

PRIEST, ROSALIE F.

82 Street Address (P.O. Box Number is Not Acceptable)

120 LITTLE WEKIVA CT

83

84 City

LONGWOOD

FL

85 Zip Code

32779

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

Rosalie F. Priest
Signature, typed & printed name of registered agent and title if applicable

ROSALIE F. PRIEST, SECRETARY

4/21/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **PRIEST, JOHN W**
STREET ADDRESS **3350 CHARLES MACDONALD DRIVE**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **S** ☐ DELETE

NAME **PRIEST, ROSALIE F**
STREET ADDRESS **3350 CHARLES MACDONALD DRIVE**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **PRIEST, JOHN W**
1.3 STREET ADDRESS **120 LITTLE WEKIVA COURT**
1.4 CITY-ST-ZIP **LONGWOOD, FL 32779**

2.1 TITLE **S** ☒ Change ☐ Addition

2.2 NAME **PRIEST, ROSALIE F**
2.3 STREET ADDRESS **120 LITTLE WEKIVA COURT**
2.4 CITY-ST-ZIP **LONGWOOD, FL 32779**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition
3.3 STREET ADDRESS ☐ Change ☐ Addition
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition
4.3 STREET ADDRESS ☐ Change ☐ Addition
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition
5.3 STREET ADDRESS ☐ Change ☐ Addition
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition
6.3 STREET ADDRESS ☐ Change ☐ Addition
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 to my address.

SIGNATURE

JOHN W. PRIEST 4/21/98

(407) 772-6623

CR2E034 (10/97)