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PROFIT FLORIDA DEPARTMENT OF AT				
CORPORATION OF ANNUAL REPORT OF ANDUAL REPORT OF ANNUAL R			SECRETARY OF STATE DIVISION OF CORPORATIONS	
ANNA	1998	ORPOBAL NS	DIVISION OF CORPORA	เป็เ <b>ดิพร</b>
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DOCUMENT # P96000102433			Souton 2 Ltt #:	U I
EACH OTHERS TRUST, INC.				
E 1				
				146691
Principal Place of Business Mailing Address  10414 ROSE ROAD			200026846921 -11/10/3801076007 ****750.00 ****750.00	
TALLAHASSEC, Fe 32311			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
			<u>'</u>	
2. Principal Place of Business 2a. Mailing Address 21			4. FEI Number 59 - 3439 268	Applied For Not Applicable
Surte, Apt. #, etc. Suite, Apt. #, etc 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State			6. Election Campaign Financing	\$5.00 May Be
23 Zip	28 Country Zip	Country	Trust Fund Contribution  8. This corporation owes or has paid the	Added to Fees
24	25 29 30	<u> </u>	Personal Property Tax due June 30.	☐ Yes ☐ No
	Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
AMES A CREISS				
10414 Rose RD Street Address (P.O. Box Number is Not Acceptable)				
TALA 1+435 E & FL 32311  84 City 85 7in Code				
	1 ALUTHASSER FL 3 CS (1	84 City	<b>_</b>	85 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	(See below) Signature, typed or printed name of registered agent and title if applicable (NOTE R	egislered Agent signature required	d when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
NAME	JAMES A PREISS DELETE	1 1 TITLE 1 2 NAME		☐ Change ☐ Addition ☐
STREET ADDRESS	10414 ROSE RD.	1 3 STREET ADDRESS		ND DIRECTORS IN 12 Change
CITY - ST - ZIP	TALLAHASSEE, FL 37311	1 4 CITY - ST - ZIP		
TITLE NAME	☐ DELETE	2.1 TITLE 2.2 NAME		☐ Change ☐ Addition ☐
STREET ADDRESS		2 3 STREET ADDRESS		
CITY-ST-ZIP		2 4 CITY - ST-ZIP		
TITLE	L DELETE	3 1 TITLE	MENT 1998	☐ Change ☐ Addition
NAME STREET ADDRESS	ರ್ಷ	MICTATE	MEN 1976	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	A A COLOR	
TITLE	☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
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City-St-2IP		4.4 CITY - ST - ZIP	his soldan	
TITLE	☐ DELETE	5.1 TITLE	171 / 1017 / 161	☐ Change ☐ Addition
NAME		5 2 NAME	70.10	
STREET ADDRESS CITY-ST-ZIP		5 3 STREET ADDRESS 5 4 City - St - Zip		
TITLE	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS	0 —	6.3 STREET ADDRESS		
14. I hereby c	ertily that the information supplied with first ring does not qualify to the	64 CITY-ST-ZIP ne exemption stated in So	ection 119.07(3)(i), Florida Statutes. I further	certify that the information
indicated on this annual report or supplemental ships report is true and adjurate 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 received in trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or example, or order attraction of the corporation or the received of the corporation of the received of the corporation of the corporation of the received of the corporation of the received of the corporation of the corporation of the received of the corporation of the co				
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