FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$5 .00 **PROFIT** Mar 19 1998 8:00am STATE FLORIDA DEPARTMENT CORPORATION Sandra B. Morth ANNUAL REPORT Secretary of Stat Secretary of State DIVISION OF CORPOR IONS 1998 DOCUMENT # P97000001131 (6) **BILL GUYTON SERVICES. INC.** Mailing Address Principal Place of Business 1051 S.W. 30TH STREET 1051 S.W. 30TH STREET PALM CITY FL 34990 PALM CITY FL 34990 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/30/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0719102 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HARVIN, WESLEY R 900 E. OCEAN BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 210-B STUART FL 34994 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algneture required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE **GUYTON, WILLIAM M** 1.2 NAME NAME 1051 S.W. 30TH STREET STREET ADDRESS 1.3 STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change DELETE Addition TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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14. I hereby certify that the information supplied with his filling does not qualify for the indicated on this annual roport or supplied with his filling does not qualify for the indicated on this annual roport or supplied with his filling does not qualify for the original report of trustice empowered to execute Block 12 or Block 13 if changed, or or programment with no address. SIGNATURE:

TITLE

NAME

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

emption stated in Section 119.07(3XI), Florida Statutes. I further certify that the information of that my signature shall have the same legal effect as if made under oath; that I am an this report as required by Chapter 607, Florida Statutes; and that my name appears in MARCH

Change

Change

Addition

Addition