

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 24 1998 8:00am  
Secretary of State

DOCUMENT # **P97000004439 (0)**

1. Corporation Name  
**TROY FUNK P.A.**



Principal Place of Business

**2051 MAIN STREET, SUITE 119  
SARASOTA FL 34237**

Mailing Address

**2051 MAIN STREET, SUITE 119  
SARASOTA FL 34237**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/15/1997**

4. FEI Number

**65-0770533**

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 6923 STETSON ST. Circle PO Box 3319**

Suite, Apt. #, etc.

City & State

**23 SARASOTA FL**

Zip

**24 34243**

Country

**25 USA**

2a. Mailing Address

**27 Suite, Apt. #, etc.**

City & State

**28 Sarasota FL**

Zip

**29 34230**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

**TROY FUNK**

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

**6923 STETSON STREET Circle**

83

84 City

**SARASOTA**

**FL**

85 Zip Code  
**34243**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE

NAME **FUNK, TROY**

STREET ADDRESS **2051 MAIN STREET, SUITE 119**

CITY-ST-ZIP **SARASOTA FL 34237**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PSTD** ☒ Change ☐ Addition

1.2 NAME **TROY FUNK**

1.3 STREET ADDRESS **6923 STETSON ST. Circle**

1.4 CITY-ST-ZIP **SARASOTA FL 34243**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**500002624085**

**-08/25/98--01010--004**

**\*\*\*150.00**

**224**

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 supplementary 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 with an address.

SIGNATURE: **TROY FUNK** SIGNATURE REQUIRED

CR2E034 (5/98)

TROY FUNK, P.A.  
6923 STETSON STREET CIRCLE  
SARASOTA, FL 34243

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August 12, 1998


Division of Corporations  
Annual Reports Filings  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find the second notice annual report form along with a check payable in the amount of \$150.00. **Please note that we are located at another address and never received the first one.** I was informed by your office to write you a letter explaining as such.

If I can be of further assistance, please contact me.

Thank you,

  
Troy Funk  
President