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FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P97000012027 (3)**

1. Corporation Name

ASSET MANAGEMENT OF VOLUSIA COUNTY, INC.

Principal Place of Business

**4 TOMOKA VIEW DRIVE
ORMOND BEACH FL 32174**

Mailing Address

**4 TOMOKA VIEW DRIVE
ORMOND BEACH FL 32174**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1997

4. FEI Number

59 3427326

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

21 595 N. Nova Road

Suite, Apt. #, etc.

22 Suite 109 E

City & State

23 Ormond Beach, Florida

Zip

24 32174

Country

2a. Mailing Address

26 595 N. Nova Road

Suite, Apt. #, etc.

27 Suite 109 E

City & State

28 Ormond Beach, Florida

Zip

29 32174

Country

30

9. Name and Address of Current Registered Agent

**KLEINSMITH, PAUL W
4 TOMOKA VIEW DRIVE
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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 **PD** ☐ DELETE

NAME **KLEINSMITH, PAUL W**
STREET ADDRESS **4 TOMOKA VIEW DRIVE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **D** ☒ DELETE

NAME **GUILFORD, KAREN A**
STREET ADDRESS **1220 AZORA DRIVE**
CITY-ST-ZIP **DELTONA FL 32725**

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 **PD/T/S** ☐ Change ☒ Addition

1.2 NAME **KLEINSMITH, PAUL W**
1.3 STREET ADDRESS **4 TOMOKA VIEW DRIVE**
1.4 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

2.1 TITLE **D/T/S** ☐ Change ☒ Addition

2.2 NAME **Guilford, Karen A.**
2.3 STREET ADDRESS **1220 Azora Drive**
2.4 CITY-ST-ZIP **Deltona, FL 32725**

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

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 with an address.

SIGNATURE: **Paul W. Kleinsmith, President**

04-10-98 (904) 673-1455

CR2E034 (10/97)