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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-7IP



FLORIDA DEPARTMENT OF STATE

FILED

Jun 03 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000014595 (7)

TOUGH GUARD OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address 2822 FORSYTH ROAD. SUITE 108 2822 FORSYTH ROAD, SUITE 108 WINTER PARK FL 32782 WINTER PARK FL 32792 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/12/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For **5**9-3419475 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired. 22 Fee Required 27 City & State Cily & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zψ Country 8. This corporation owes or has paid the current year Intangible 24 25 30 29 Personal Property Tax due June 30. g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AULT, WILLIAM J 1300 FERN FOREST RUN 82 Street Address (P.O. Box Number is Not Acceptable) OVIEDO FL 32765 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed timble of rejinite ediasion and tic of applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change ☐ Addition william J. Au H NAME 1.2 NAME 1300 Feer Forest Run STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-24P 1.4 CITY - ST - ZIP DELETE TITLE 2.1 THLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY- ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHY+ST-ZIP DELETE TITLE 4.1 TITLE ddition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE **a<u>o</u>go**gas<u>4</u>95**2** Addition NAME 6.2 NAME -06/05/98--01095--0**2**5

14. Thereby 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 suppliemental 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 of 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 attricing with an address Illiam J. Au It

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

***150.00