

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
Jul 30 1998 8:00am
Secretary of State

DOCUMENT # P97000017451 (0)

1. Corporation Name

SHARE THE WEALTH, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1997

4. FEI Number

59-3429715

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

21 706 N. GREENWOOD AVE.

Suite, Apt. #, etc.

22

City & State

23 CLEARWATER, FL

Zip

24 33755

Country

25 PINELLAS

2a. Mailing Address

26 706 N. GREENWOOD AVE.

Suite, Apt. #, etc.

27

City & State

28 CLEARWATER, FL

Zip

29 33755

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

HARRIS, CHARLIE
706 N GREENWOOD AVE
CLEARWATER FL 34615

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 ☐ 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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/C/D ☒ Change ☐ Addition

1.2 NAME

CHARLIE HARRIS

1.3 STREET ADDRESS

1417 PINEBROOK DR.

1.4 CITY-ST-ZIP

CLEARWATER, FL 33755

2.1 TITLE

V

2.2 NAME

HENRY E. TAYLOR

2.3 STREET ADDRESS

4717 WOLFBRAM LN.

2.4 CITY-ST-ZIP

NEW PORT RICHEY, FL 34653

3.1 TITLE

S/D

3.2 NAME

MARK W. BRANDT

3.3 STREET ADDRESS

13 EAGLE LANE

3.4 CITY-ST-ZIP

PALM HARBOR, FL 34683-6425

4.1 TITLE

T/D

4.2 NAME

CARL H. KELTNER

4.3 STREET ADDRESS

961 MC LEAN ST.

4.4 CITY-ST-ZIP

DUNEDIN, FL 34698

5.1 TITLE

D

5.2 NAME

DENETRIAS E. SANDS

5.3 STREET ADDRESS

14935 55TH WAY N.

5.4 CITY-ST-ZIP

CLEARWATER, FL 33720

6.1 TITLE

D

6.2 NAME

HAROLD W. KORB

6.3 STREET ADDRESS

3187 SAN METRO ST.

6.4 CITY-ST-ZIP

CLEARWATER, FL 33759

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

[Signature] HARRIS CHARLIE 7/30/98 722 445-9230

CR2E034 (5/98)