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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

Mar 09 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000024431 (3)

Principal Plac 3212 SARH'S	WELL PROPERTY SERVICE	Mailing Address 3212 SARH'S COURT GREEN COVE SPRGS	FL 32043		DO NOT WRITE IN THIS		
					03/12/1997		
1 = 1	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	A	pplied For
21		26			593419538		lot Applicable
Suite, Apt.	#, G IC.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional tequired
22 City & Stat	ta .	City & State					
23		28			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the c		
24	25	29	30		Personal Property Tax due June 30.		☐ No
	g. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered	i Agent	
CARSWELL, PAUL E 3212 SARH'S COURT GREEN COVE SPRGS FL 32043				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83			
			8	4 City	F	85 Zip	Code
office or a	to the provisions of Sections	le of Florida. Such change was gations of, Section 607.0505, f	s authorized Florida Statut	by the corpora es.	poration submits this statement for the purpose ation's board of directors. I hereby accept the appearance of the purpose ation's board of directors. I hereby accept the appearance of the purpose ation's board of the purpose ation's board of the purpose at the	opointment as	s registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		RS IN 12 Addition
TITLE	PO	DELETE	1.1 TITLE			Change	☐ Addition
NAME	CARSWELL, PAUL E		1.2 NAM	E			ļ
STREET ADDRESS	3212 SARH'S COURT	•••	1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	GREEN COVE SPRGS FL 3		1.4 CITY	-ST-ZIP			
TITLE	STD DEPOS	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	CARSWELL, DEBBIE		2.2 NAM	E			
STREET ADDRESS	3212 SARH'S COURT	2019	2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	GREEN COVE SPRGS FL 32		2. 4 CITY				1 4 4 4 2 2 2
TITLE		DELETE	3.1 TITLE	1		Change	☐ Addition
NAME			3.2 NAM				
STREET ADDRESS				ET ADDRESS			1
CITY-ST-ZIP		DELETE	3.4. CITY 4.1 TITLE			Change	Addition
TITLE		□ nereig		1		CT Criarifia	AUUIUUII [
NAME PERCET ADDRESS			4. 2 NAM				
STREET ADDRESS			1	ET ADDRESS			1
CITY+ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITLE			Change	Addition
NAME			5.1 ME	4			
STREET ADDRESS				ET ADDRESS			
CITY+ST-ZIP			5.4 C(TY				{
TITLE		DELETE	6.1 TITLE			Change	Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME