

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

APPROVED
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98 JUN -4 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000046976 (1)

1. Corporation Name
CLYDE LEE NOTHY, INC.

Principal Place of Business

624 CAMELIA COURT
SANFORD FL 32771

Mailing Address

624 CAMELIA COURT
SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1997

4. FEI Number

59-2604880

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

21 624 Camelia Court

Suite, Apt. #, etc.

22 City & State

23 Sanford Florida

24 Zip

32771

25 Country

Seminole

2a. Mailing Address

26 624 Camelia Court

Suite, Apt. #, etc.

27 City & State

28 Sanford Florida

29 Zip

32771

30 Country

Seminole

9. Name and Address of Current Registered Agent

NOTHY, CLYDE L
624 CAMELIA COURT
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name

Clyde L. Nothy

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

624 Camelia Court

83

84 City

Sanford

FL

85 Zip Code

32771

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 Clyde L. Nothy

X Clyde L. Nothy

3/23/98

12. OFFICERS AND DIRECTORS

TITLE D
NAME NOTHY, CLYDE L
STREET ADDRESS 624 CAMELIA COURT
CITY-ST-ZIP SANFORD FL 32771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 X Clyde L. Nothy

CP2E034 (10/97)