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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000050489 (8)

WEST & PEGG, P.A.

37.

The Real Property lies

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Mailing Address

FILED May 04 1998 8:00am Secretary of State



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Principal Place of Business 13000 SAWGRASS VILLAGE CIRCLE. SUITE 11 13000 SAWGRASS VILLAGE CIRCLE, SUITE 11 PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/09/1997 2. Principal Place of Business 2a. Mailing Address 4 FFI Number Applied For 21 26 Not Applicable 20 Suite, Apt. #, etc Suite, Apt. #, e \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be \Box 23 Trust Fund Contribution Added to Fees 28 Country $Z_{\rm IP}$ Country This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. ΠÑο 30 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name West, Gregory K Dame 13000 SAWGRASS VILLAGE CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 11 83 PONTE VEDRA BEACH FL 32082 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition NAME WEST, GREGORY K 1.2 NAME CR2E034 STREET ADDRESS **5000 SAWGRASS VILLAGE CIRCLE** 1.3 STREET ADDRESS **PONTE VEDRA BEACH FL 32082** CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 2.1 TITLE NAME WEST, GREGORY K 2.2 NAME **5000 SAWGRASS VILLAGE CIRCLE** STREET ADDRESS 2.3 STREET ADDRESS PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change ___ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TIME 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE ☐ Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-7IP 1. I hereby certify that the information supplied with this filling 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 two 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.