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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P97000054238 (5)

TAKE A BREAK MARKETING, INC.

## **FILED** Feb 11 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 4742 U.S. HIGHWAY 19 4742 U.S. HIGHWAY 19 **NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34852** DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 06/19/1997 Applied For 2a. Mailing Address 2. Principal Place of Business 3458686 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country מול Country Zip 8. This corporation owes or has paid the current year Intangible ☐ No Personal Property Tax due June 30. Yes Yes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HARRIS, CARL M 4742 U.S. HIGHWAY 19 Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL 34652** 83 Zip Code 85 84 City 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 implified with and accept the obligations of Section 607,0505, Florida Statutes. 8۶- کـ ر tresiden t CARL **SIGNATURE** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1 1 TITLE TITLE HARRIS, CARL M 1.2 NAME NAME 4742 U.S. HIGHWAY 19 1.3 STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY FL 34652** CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition DELETE 21 TITLE TITLE DONAHUE, KEITH C 2.2 NAME NAME 4742 U.S. HIGHWAY 19 2.3 STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY FL 34652** 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change \_\_\_ Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 61 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIF

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 supplication in the receiver of the corporation of 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 chapted, or on an attachment with an address.

SIGNATURE:

CARL M. HARRIS

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