

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

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PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 JUL -2 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1. Corporation Name	P90000058824 Autographics of Central Florida, Inc.
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Principal Place of Business	Mailing Address
PO Box 740035 Ocala, FL 34474	PO Box 740035 Ocala, FL 34474

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	7/2/97
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3465240
24 Country	29 Country	Applied For
	30	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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Brett Wood 36 Hemlock Terrace Pass Ocala, FL 34472	81 Name N/A
	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 _____ (Name of Registered Agent) _____ DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	1.1 TITLE
NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS
CITY- ST- ZIP	1.4 CITY- ST- ZIP
TITLE	2.1 TITLE
NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS
CITY- ST- ZIP	2.4 CITY- ST- ZIP
TITLE	3.1 TITLE
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY- ST- ZIP	3.4 CITY- ST- ZIP
TITLE	4.1 TITLE
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY- ST- ZIP	4.4 CITY- ST- ZIP
TITLE	5.1 TITLE
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY- ST- ZIP	5.4 CITY- ST- ZIP
TITLE	6.1 TITLE
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY- ST- ZIP	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 is complete, correct, 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 registered agent or authorized representative of the corporation, and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: _____ DATE: 6.23.98

CR2E034 (10/97)

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June 24, 1998

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

As recently discussed with your office we are filing this Annual Report late. Unfortunately we never received the original form or payment request. This is our first year of incorporation and were unaware of such filing/payment requirements.

Enclosed please find the completed Annual Report form along with our check for \$150.00. We graciously request abatement of penalties associated with this matter. We assure you that we will comply timely with all future filing requirements now that we are aware of them.

Thank you for this assistance in this matter. Please do not hesitate to call me at (352) 687-4992 if I can be of further assistance.

Sincerely,



Brett Wood

BW/amm