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

FILED May 28 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham

	1998		'+ <i>/</i>	Øecretary o FOTFOF COF		ONS	Secretary of State
	MENT # PNAME PLL & SONS, I	P97000 Inc.	059554	(O)			
Principal Plac	e of Business		Mailing Address	,			THE STATE OF THE S
15410 DENNIS	S DR IVE		15410 DENNIS (DRIVE			
HUDSON FL	34669		HUDSON FL 340	669			DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
			172.7				07/01/1997
 1	lace of Business		2a. Mailing Addr	ess			4. FEI Number Applied For
Suite, Apl.	# plc		26 Suite, Apt. #.	otc			59 346060 / Hot Applicable \$8.75 Additional
22	#, 6 10		27	O.C.			5. Certificate of Status Desired Fee Required
City & Stat	e		City & State				6. Election Campaign Financing \$5.00 May Be
23			28				Trust Fund Contribution Added to Fees
Zip	C	ountry	Zip		Country	,	8. This corporation owes or has paid the current year Intangible
24	25		29	30]		Personal Property Tax due June 30. 🔲 Yes 🔼 No
	9, Name and A	Address of Current	Registered Agent				10. Name and Address of New Registered Agent
CA	RROLL, CHARLE	S W			81	Name	n e
	410 DENNIS DRI	•			82	Street .	et Address (P.O. Box Number is Not Acceptable)
HU	I D\$ON FL 34669	1			63	ļ	
					63		
					84	City	FL 85 Zip Code
44 Durawani	to the provisions o	1 Sections 607 0502	and 607 1508 Flori	da Statutoe	the above	e-named	ed corporation submits this statement for the purpose of changing its registered
office or r	registered agent, o	both, in the State o	Florida Such char	ige was auth	orized b	the corp	orporation's board of directors. I hereby accept the appointment as registered
	am rammar with, and	o accept the obligati	ons or, Section 607	טטטט, דוטווט.	a Siaiule	S .	
SIGNATURE	Signature, typed or printe	ed name of registered aigent	and title if applicable	(NOTE R	egistered Agi	ent signature	ture required when reinstalling) DATE
12.		OFFICERS AND	DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III 12
TITLE			□ DI	ELETE	1 1 TITLE		Change XX Addition
NAME					12 NAME		CHARLES W. CARROLL PSTD
STREET AODRESS					1.3 STREET	ADDRESS	s 15410 DENNIS DRIVE
CITY-ST-ZIP					1.4 CITY - S	T-ZIP	HUDSON, FL 34669
TITLE			D	ELETE	2.1 TITLE		JONATHON CARROLL VP Change MAddition
NAME	İ				2.2 NAME		15410 DENNIS DRIVE
STREET ADDRESS					23 STREET		HUDSON, FL 34669
CITY-ST-ZIP				CLCTC	2 4 CITY-	ST-ZIP	Change Addition
TITLE			ان لي	LCLTL	3.1 TITLE 3.2 NAME		Change C Addition
NAME	ļ				3.3 STREET	ADDRECC	.
STREET ADORESS CITY-ST-ZIP					3.4. ÇITY-		3
TITLE				ELÉTE	4.1 TITLE	31.71	Change Addition
NAME					4. 2 NAME		
STREET ADDRESS					4.3 STREET	ADURESS	s
CITY-ST-ZIP					4.4 CITY - 5		
TOTLE			Di	ELETE	5.1 TITLE		Change Addition
NAME	1				5.2 NAME		45
STREET ADDRESS					53STREET	ADDRESS	s ~~~~
CITY-ST-ZIP					5.4 CI1Y - S	ST - ZIP	5.48
HILE			D	ELETE	6.1 THTLE		500002541535 Change Addition -06/01/3801011001 ****150.00
HAME					6.2 NAME		-06/01/9801011001
: TREET ADDRESS				ļ	6.3 STREET	ADDRESS	s ***150.00

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 early; 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 13 of changed to or an altachment with an address.