## 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 # P9700060852 (5)

PETTIT REPORTING SERVICE INC.

## FILED Apr 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				1	IMA BARAI IBIBI BIIIB RAL IBBI	
<u> </u>						
1 8910 N DALE MABRY HWY 8910 N DALE MABRY HWY TAMPA FL 33614 TAMPA FL 33614			NV T			
		VIIII II I I I I I I I I I I I I I I I		DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualified		
<u> </u>				07/14/1997		
2. Principal Place of Business		2e, Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.		Children And Hinds		59-3461601	Not Applicable	
22		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		a Florian Associate Figure 1	<del></del>	
23	28			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	This corporation owes or has paid the corporation of the corporat		
24	25	29	30	Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curren			10. Name and Address of New Registered		
PETTIT, STEPHEN M 81 Nan						
8910 N DALE MABRY HWY TAMPA FL 33614			00 0	dd (D.O. D Mark)		
			B2 Street Ac	82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84 City	FI	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statu	ites, the above-named co			
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 profited name of registered specified of the it appliesable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
TITLE	Ď	DELETE	1.1 TITLE		Change Addition	
NAME	<b>P</b> ETTIT, STEPHEN M		1.2 NAME			
STREET ADDRESS	8910 N DALE MABRY HWY		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33614		1.4 CHY-ST-ZIP		1.	
TALE	D	DELETE	2.1 TITLE		Change Addition	
NAME	Pettit, kathleen a		22 NAME			
STREET ADDRESS	8910 N DALE MABRY HWY		2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33614		2. 4 CITY-ST-ZIP		1	
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - S1 - ZIP		ŀ	
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELET <b>E</b>	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			
			V V			

14. Thereby 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 supplimental 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

11-12-00