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

Mailing Address
165 GRIFFIN RD

COCOA FL 32926

2a. Mailing Address

UNIT 199

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2, Principal Place of Business

185 GRIFFIN RD UNIT 189

COCOA FL 32926

NAME

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address.

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Mar 11 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

4 May 1998 (202) 290-3701

Applied For

Not Applicable

3. Date Incorporated or Qualified

07/28/1997

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700065989 (0)

WILLIAM C. FLANAGAN ENTERPRISES INC.

Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Reculred 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zφ Country Country This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name DEMMING, JAY 165 GRIFFIN RD Street Address (P.O. Box Number is Not Acceptable) UNIT 199 83 COCOA FL 32926 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Rugistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change ☐ Addition 11 TOLE WILLIAM C. Flanagen 1.2 NAME 9809 Lost RAVINE ct 1.3 STREET ADDRESS STREET ADDRESS Fairfax Station, VA 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELFTE 21 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP ☐ Addition Change DELETE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE

6.2 NAME

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 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS

William C.

6.4 CITY-ST-ZIP