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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000069840 (1)

ROCHE, FITZPATRICK AND ASSOCIATES, P.A.

Principal Place of Business Mailing Address 235 E NINE MILE ROAD. SUITE 9 235 E NINE MILE ROAD, SUITE 9 PENSACOAL FL 32534-3132 PENSACOAL FL 32534-3132

FILED Apr 24 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/12/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-346272 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required ty & State City & State PENSACOLA 6. Election Campaign Financing \$5.00 May Be FL. PENSACOLA 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ROCHE, ERNEST LEE JR 81 Name 235 E NINE MILE ROAD, SUITE 9 Street Address (P.O. Box Number is Not Acceptable) PENSACOAL FL 32534-3132 83 PENSACOLA 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. I am femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registeriod agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSTD TITLE ☐ DELETE 1.1 TITLE Change Addition ROCHE, ERNEST LEE JR NAME 1.2 NAME 8080 BAYWIND DR STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL 32514 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE ☐ Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP 2 4 City-St-ZiP DELETE TITLE 3.1 TITLE Addition NAME 32 NAME STREET ADDRESS **33 STREET ADDRESS** CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP TY-ST-ZIP DELETÉ TITLE 6.1 TLE Change ■ Addition NAME 6.2 AME STREET ADORESS 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 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 Block 13 if chapted, or op an attachment with an address.

SIGNATURE:

850-478-0668