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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000070330 (0)

CORE SERVICES SOUTHEAST, INC.

FILED Mar 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 826 CREIGHTON RD., STE. B-104 826 CREIGHTON RD., STE. 8-104 PENSACOLA FL 32504 PENSACOLA FL 32504 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/13/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite Ant # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Country Zip This corporation owes or has paid the current year Intangible Yes □ No 30 24 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name HUGGARD, CAROLYN J 826 CREIGHTON RD., STE, B-104 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32504 83 Zip Code City 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 printed name of registered agant and liftle if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition HUGGARD, CAROLYN J NAME 1.2 NAME 826 CREIGHTON RD., STE. B-104 STREET ADORESS 1.3 STREET ADDRESS PENSACOLA FL 32504 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITL€ HALF 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change DELETE Addition MLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition Channe TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Channe TITLE 5.1 Title NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 6.1 TITLE MALAF 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 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 tustee 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.

CAROLYN J. HUGGARD

2/23/98

850/474-3664