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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P9700073138 (4)

FRED NEAL INC.

FILED
May 04 1998 8:00am
Secretary of State

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Principal Place of Business		Mailing Address				T 100111001 110 10111 10011 00111 32117 6311 00111 10020 11101 111	half tital tata tah
5151 ISLA KEY. #219		5151 ISLA KEY. #219					
ST. PETERSBURG FL 33715		ST. PETERSBURG FL 33715				DO 1107 11101TC 111 T1110 0D 10T	
}						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 08/22/1997	
2. Principal P	lace of Business	28.	Mailing Address			4, FEI Number	Applied For
21			3			<u>59-3467387</u>	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				75 Additional
City & State			7[				e Required
<b>—</b>	е		City & State				.00 May Be ded to Fees
Zip	Country	28	Zip	Country	,		
24	25	29	4.142	30	•	8. This corporation owes or has paid the current year Personal Property Tax due June 30.	ar iritangibie ☐ No
	g. Name and Address of Currer		tered Agent	130		10. Name and Address of New Registered Agent	
NEAL, FRED					Name		
5151 ISLA KEY, #219					2	40.0.0	
ST. PETERSBURG FL 33715				82	Street Add	ress (P.O. Box Number is Not Acceptable)	
di. PETENSSONS PE 30713				83			
				_			
				64	City	FL  85	Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the abo						poration submits this statement for the purpose of change	ing 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 agent and title if applicable (NOTE: R					ent signature requi	ired when reinstating) DATE	
12.	OFFICERS AN	D DIRLC		13.		ADDITIONS/CHANGES TO OFFICERS AND DIREC	
TITLE	D		☐ DELETE	1.1 TITLE		Cha	nge Addition
NAME	NEAL, FRED			1.2 NAME			ļ
STREET ADDRESS 5151 ISLA KEY, #219			1.3 STREET ADDRESS		ADDRESS		
CITY - ST - ZIP	ST. PETERSBURG FL 33715		- Delete	1.4 CITY-5	ST-ZIP		
TITLE			DELETE	2.1 TITLE		☐ Cha	nge 🔲 Addition
NAME				2.2 NAME		*	
STREET ADDRESS				2.3 STREET			
CITY-ST-2IP			DELETE	2 4 CITY -	ST-ZIP	Cha	nge Addition
TITLE NAME				3.1 TITLE 3.2 NAME	-		TOURING LINE
STREET ADORESS					ADDOCCO		
				3.3 STREET	· [		ļ
CITY-ST-ZIP TITLE			DELETE	3.4 CITY-1	91- ZIF	☐ Cha	nge Addition
MAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET	Annaess		j
CITY-ST-ZIP				4.4 CITY- S			
TITLE			DELETE	5.1 TITLE	· · · · ·	☐ Cha	nge Addition
NAME			_	5.2 NAME		_	
STREET ADDRESS				5.3 STREET	ADDRESS		ļ
CITY-ST-ZIP				5.4 CITY - S			
TITLE			DELETE	6.1 TITLE		Cha	nge Addition
NAME				6.2 NAME		-	
STREET ADDRESS				6.3 STREET	ADDRESS		ļ
CITY-ST-ZIP				6.4 CITY - 5			Ì
	notify that the information evenly of w	laboration de	line does not evenify.			Section 119 07(2)(i) Florida Statutos I further certifu the	t the information

14. I hereby certify that the information supplied with this filing doos 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Will Fred Nep

4/27/58

813-796-1080