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 # 1. Corporation Name P97000077616 (5)

BULLFINCH PARTNERS, INC.

FILED Mar 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					1 JOBELDON ILA KAITI INDIK ABILI BRIKI BRIKI BATIK DALIK KAND BYLDI LIBID DISK BADS	
10430 HUNTERS CREEK CT. 10430 HUNTERS CREEK CT.						
JACKSONVILLE FL 32256 JACKSONVILLE FL 32256						DO NOT HEGTE IN THE SENSE
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
2 Principal C	Plane of Pusinger	2a Mailing A	ddroee			09/05/1997 4. FELNumber 24/00/16 Applied For
2. Principal Place of Business 2a. Mailing Address			aa.ess			
21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc.			l # etc	 -		Not Applicable \$8.75 Additional
22 27			#, 010.			5. Certificate of Status Desired Fee Regulred
City & State City & State			ale			
23	-	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country	-	8. This corporation owes or has paid the current year Intangible
24	25					Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre					10. Name and Address of New Registered Agent
Pl	JTNAL, BRYAN L			81	Name	
	M30 HUNTERS CREEK CT.			82	Stroot	Address (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32256				62	Street	Address (F.O. Box Nortiber is Not Acceptable)
• •				83		
)		84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 67,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered expert, or joth, 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 faffing with and accept the ubligations of, Section 607,0505, Florida Statutes.						
SIGNATURE Signature, typed or printed hand of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AN	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		☐ DELETE		1.1 TITLE		President, Director Change Addition
NAME			ľ	1.2 NAME		Rosa L. Latra
STREET ADDRESS			I.	1.3 STREET	ADDRESS	10480 Hunters (mak 4.
CITY-ST-ZIP				1.4 CITY - ST	- ZIP	10430 Hunters Creek Ct. Theresenalls (Fl. 3225)
TITLE	☐ DELETE			2.1 TITLE		Change Addition
NAME			1	2.2 NAME		
STREET ADDRESS			1	2.3 STREET	address	
CITY-ST-ZIP				2. 4 CITY-S	T-ZIP	
TITLE			DELETE	3.1 TITLE		Change Addition
NAME				3.2 NAME	1	
STREET ADDRESS				3.3 STREET	ADDRESS	
CITY-ST-ZIP	<u> </u>			3.4. CITY - S	T-ZIP	
TITLE			DELETE	4.1 TITLE	,	Change Addition
NAME				4. 2 NAME	İ	
STREET ADDRESS				4.3 STREET A	ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST	- ZIP	
TITLE	-		DELETE	5.1 TITLE		Change Addition
rame				5.2 NAME		と
STREET ADDRESS			1	5.3 STREET #	ADDRES\$	1 Pint 1
CITY-ST-ZIP				5.4 CITY - ST	- ZiP	- O'
TITLE			DELET E	6.1 TITLE		☐ Change ☐ Addition
NAME				6.2 NAME		600002434716 -02/19/9801002019
STREET ADDRESS				6.3 STREET A	ADDRESS	
CITY-ST-ZIP				6.4 CITY - ST	- ZIP	***600.00
38						

I hereby certify that the information supplied with this Hithing does not quality 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 amusl report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the recovery of trustee earth were 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 appears in