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

PROFIT
CORPORATION
ANNUAL REPORT

1**9**98

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000083427 (9)

AGENCY SOLUTIONS GE	Mailing Address	OLUTE OSS			
4800 W CYPRESS ST. SUITE 200 TAMPA FL 33607	4600 W CYPRESS ST. S TAMPA FL 33607	SUITE 200		20.107	
				DO NOT WRITE IN THIS SPACE.	
				3, Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address			09/23/1997 4. FEI Number Applied For	
<u> </u>	26			69 - 3480519 Not Applicable	
Suite, Apl. #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	
City & State	City & State			6. Election Campaign Financing \$5.00 May Be	
3	28			Trust Fund Contribution Added to Fees	
Zip Country	′ı `	Cour	ntry	8. This corporation owes or has paid the current year Intangible	
1 25	29]	<u>]30]</u>		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
	ss of Current Registered Agent		81 Nan	and a sure and the contract of	
HADLOW, RICHARD B		L			
220 SOUTH FRANKLIN S	ST			82 Street Address (P.O. Box Number is Not Acceptable)	
TAMPA FL 33602		ŀ	83		
			84 City	FL 85 Zip Code	
agent I am familiar with, and acco SIGNATURE Signature, typed or product harmon	opt the obligations of, Section 607,0805, F	Horida Stati	itos.	ed corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered state required when reinstating)	
	FEICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETE	1.1 707		CEO Change Addition	
NAME		1.2 NA		Charles M. Davis Jr. 4600 W. Cypress Street, Suite 200 Tampa PL 38607	
STREET ADDRESS			REET ADORES	38 4000 W. CHATESS OTTO 1, 32 4000	
HY-SY-ZIP	DELETE	2.1 TIT	Y - S1 - ZIP	Tampa PC 386011 Change Addition	
TILE	_ bitti			Containing Distriction	
NAME		2.2 NA			
STREET ADDRESS			REET ADDRES TY-ST-7#P	00	
ATY-ST-ZIP	DELETE	2 4 G		Change Addition	
IAME	_ with				
		3.2 MV	MI		
i ii		3.2 NA 3.3 ST		222	
STREET ADDRESS		3.3 STI	REFT ADDRES	ss	
STREET ADDRESS CITY-ST-ZIP	DETET	3.3 STI	REFT ADDRES		
STREET ADDRESS CITY - ST - ZIP (ITLE	DETETE	3.3 STI 3.4 CI 4.1 TH	REET ADDRES TY-ST-ZIP LE		
STREET ADDRESS CHY-ST-ZIP HILE NAME	DETENE	3.3 STI 3.4. CF 4.1 TH 4.2 NA	REET ADORES TY-ST-ZIP LE AME	Change Addition	
STREET ADDRESS CITY-ST-ZIP TITLE	☐ DETETE	3.3 STI 3.4 CF 4.1 TH 4.2 NA 4.3 STI	REET ADDRES TY-ST-ZIP LE	Change Addition	

14. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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 the attachment with an address.

5.2 NAME

61 TITLE 62 NAME

DELETE

5 3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY-ST-ZIP

4-29-08

***150.00

<u> -06/17/98--01078--028</u>

818 -297 - 1081

Addition

Jun 16 1998 8:00am

Secretary of State