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FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000085950 (8)

1. Corporation Name

DALE LAW FIRM, P.A.



Principal Place of Business

Mailing Address

~~1622 N. MILLS AVE.~~  
~~ORLANDO FL 32803~~

~~1622 N. MILLS AVE.~~  
~~ORLANDO FL 32803~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 501 North Magnolia Ave

Suite, Apt. #, etc.

22 Suite D

City & State

23 Orlando, Florida

Zip

24 32801

Country

25 Orange

2a. Mailing Address

26 P. O. Box 14

Suite, Apt. #, etc.

27 - - - - -

City & State

28 Orlando, Florida

Zip

29 32802

Country

30 Orange

3. Date Incorporated or Qualified

10/02/1997

4. FEI Number

59 - 3471216

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

DALE, THOMAS H  
~~1622 N. MILLS AVE.~~  
~~ORLANDO FL 32803~~

10. Name and Address of New Registered Agent

81 Name

Thomas H. Dale

82 Street Address (P.O. Box Number is Not Acceptable)

501 North Magnolia Avenue

83

Suite D

84 City

Orlando

FL

85 Zip Code

32801

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 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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DALE, THOMAS H

STREET ADDRESS 823 OREGON ST.

CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

A.C. 407

245 3055

CR2E034 (10/97)