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 # P97000086114 (0)

LIMBAUGH COMPANY, INC.

		pp			
Principal Place of Business		Mailing Address			
2780 E FOWLER AVE #106		2780 E FOWLER AVE #106			
TAMPA FL 33612		TAMPA FL 33612		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				10/06/1997	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-5475601	Not Applicable
Suite, Apt. #, etc.		Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2227			·	G, Germone or states because	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible
24	25 Name and Address of Curre		30	Personal Property Tax due June 30. 10. Name and Address of New Registere	
		· · · · · · · · · · · · · · · · · · ·	B1 Name /	10. Name and Address of Name Inglaters	- Angoni
	URTACCESS CENTERS OF AM	ERICA, INC.	$ \mid$ \mid \mid \mid \mid \mid \mid \mid	illiam Lunbauge	<u> </u>
707 E KENNEDY BLVD			B2 Street Add	ress (P.O. Box Number is Not Acceptable)	ful rest
TAMPÁ FL 33802			83 793	J 7-1903 1 110-41	
			150	rodula	
			84 City	F	L 85 Zio Code
44 Pureuant I	to the provisions of Sections 607.05	02 and 607 1508. Florida Statules	the above-named core	poration submits this statement for the purpose	of changing its registered
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, if 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, any policy of lightness of, Section 607.0505, Florida Statutes.					
	m tamiliar with, and horsen typ only	ysticins or, Section 607.0505, Flor	ida Statutes.		
SIGNATURE	Signature typed or prilled by e of registering at	noc and tile diapplicable (NOTE:	Registered Agent signature requi	red when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TILLE	_	Change Addition
NAME	UMBAUGH, JIM		1.2 NAME	1 im hauch Tim	1.4.4
STREET ADDRESS	9120 CRAWLEY CT #2		1.3 STREET ADDRESS	4550 # 1503, 49Th	grace
CITY-ST-ZIP	LOUISVILLE KY 40241		1.4 City - St - ZIP	Bradesfor FL	34210
TITLE		DELETE	2.1 TITLE		Change Addition
NAME	win houd W	Man.	2.2 NAME		
STREET ADDRESS	WEEKS # 10.03	untheter	2 3 STREET ADDRESS		
CITY-ST-ZIP	Limbaush Witte # 1803	to 34210	2 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY-ST-ZIP		
TITLE		DELETE	5.1 YOLF		Change Addition
NAME			5.2 NAME		İ
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 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.

FILED

May 18 1998 8:00am

Secretary of State