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 # **P97000087759 (1)**

BOOTH & HORTON, P.A.

Principal Place of Business

ŕ

Mailing Address

FILED May 05 1998 8:00am Secretary of State



522 EAST PARK AVENUE 522 EAST PARK AVENUE TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/10/1997 2. Principal Place of Business
11 522 E. PARIL AVE. Mailing Address 522 F. PAUL AUK. Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 \$5.00 May Be TALLAHASSEF, FL 6. Election Campaign Financing Added to Fees Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HORTON, WILEY ESQ. **522 EAST PARK AVENUE** 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 City 84 Zip Code 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 eigistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ☐ Addition TITLE 1.1 TITLE **BOOTH, EDGAR C** NAME 1.2 NAME 900 HIGH ROAD STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 32301 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ___ Addition TITLE 2.1 TITLE HORTON, WILEY NAME 2.2 NAME 425 SATSUMA AVENUE STREET ADDRESS 2.3 STREET ADDRESS MONTICELLO FL 32344 CITY-ST-ZIP 2. 4 City - St - ZiP DELETE Change Addition TIRE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 THEE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filting 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 autocomment with an address.

1/22/96

950-724-62