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

CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000090956 (8)

SASSER & COMPANY, INC.

F	Principal Place of Business	Mailing Address
	1149 BREEZE DR.	1149 BREEZE DR.

FILED Mar 26 1998 8:00am Secretary of State



33770 33770 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/01/1997 2, Principal Place of Business 2a. Mailing Address Applied For 59-3477686 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible ☐ Yes **k** No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **BOGGS, E. JACKSON** 501 E. KENNEDY BLVD., STE. 1700 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33602** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Fiorida 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, typed or provind name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE P SASSER, BRUCE B NAME 12 NAME 1149 BREEZE DR. STREET ADDRESS 1.3 STREET ADDRESS LARGO FL 34840 33770 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE V. S. T SASSER, PATRICIA A NAME 22 NAME 1149 BREEZE DR. STREET ADDRESS 2.3 STREET ADDRESS LARGO FL 34640 33770 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TiTLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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

(8/3)584-0169