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 # P97000091891 (6)

PRIME ATLANTIC, INC.

Principal Place of Business

Mailing Address

FILED Jan 21 1998 8:00am Secretary of State



526 BRYN MAWR ST. 526 BRYN MAWR ST. ORLANDO FL 32804 ORLANDO FL 32804				DO NOT WRITE IN THIS SPACE	
1					3. Date Incorporated or Qualified
					10/24/1997
	Place of Business	2a. Mailing Address			4. FEI Number Applied For
21 318		26			59-3473747 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired
City & State City & State				•	6. Election Campaign Financing \$5.00 May Be
23 JACKSON VILE FL 28					Trust Fund Contribution Added to Fees
Zip Country S. A Zip 32225 Zis U.S. A Zip 30				/	8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30, Yes No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
HA	LSEY, DAVID L		81	Name	e
2735 DAHONEGA DR.			82 Street Address (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32224				Cuee	Tradition (1.10), DON HOLLINGS TO HOLLINGS DESCRIBED
ļ			83		
			84	City	■■ 85 Zip Code
					FL ⁸ ^{2p cooe}
11. Pursuant to the previsions 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 bylingations of Section 607.0505, Florida Statutes.					
agent, 1 a	im familiar with, and accept the colligati	ions of, Section 607.0505, Florid	a Statute	s.	11 1 1 1 17 Ga
SIGNATURE	Starlature, typed or printed natural redustered agent	Mary DA] []	<u> </u>	HALSCY - C.E.D I-12-78 Te required when reinstation
12.	OFFICERS AND		13.	ent signatu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D 0171021101415	DELETE	1.1 TITLE		Change Addition
NAME	HALSEY, DAVID L		1.2 NAME		
STREET ADDRESS	2735 DAHLONEGA DR.		1.3 STREET	ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224		1.4 CITY - S		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	GIAVANNO, BRACCUS		2.2 NAME		TIAVANNO BRACCUS
STREET ADDRESS	526 BRYN MAWR ST.		2.3 STREET ADDRE		TIPTAPPASA DZ
CITY-ST-ZIP	ORLANDO FL 32804		2. 4 CITY-ST-ZIP		GIAVANNO BRACCUS 318 TARRASA DR. 3ACKSON VILLE FL 32225
TITLE		DELETE	3.1 TITLE		Change Addition
NAME		_	3,2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP			3.4. CITY - S		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	27 Talagan Marie
CITY - ST - ZIP			4.4 CITY - S	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP	!	· · · · · · · · · · · · · · · · · · ·	5.4 CITY-S	T-ZIP	
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	ADDRESS	
CITY-ST-ZIP		I	64 CITY - S		1

14. I hereby certify that the information supplied with this filling 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 chapted, or on an attachment with an address.

SIGNATURE:

904-220-7932