## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000099050 (1)

## 1501 CHURCH CORPORATION

## **FILED** Aug 05 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address		
C/O GMC PROPERTIES INC 9000 18 ST TAMPA FL 33604	C/O GMC PROPERTIES INC 9000 18 ST TAMPA FL 33604		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
			11/20/1997
Principal Place of Business     1	2a. Mailing Address 26		4. FEI Number Applied For Not Applicable
Sulta, Apt. #, etc.	Suite, Apt. # etc.	ave.	5. Certificate of Status Desired \$8.75 Additional Fee Required
city & State  23 Tanpa, FL	pa, FL 28 Tampa FL		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip 33409 Country 25 ()S/A	<sup>Zip</sup> 33609 30	Country	8. This corporation owes or has paid the current year Intangible
24 3344 25 USA 9. Name and Address of Cur		USF	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
JENNEWEIN, JONATHAN P			
101 E KENNEDY BLVD		B2 Street Add	ress (P.O. Box Number is Not Acceptable)
TAMPA FL 33602		80	IN. armenia avenue
·		83	
		84 City 7	ampa FL 85 Zip Code 334009
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 of			
SIGNATURE Signature: Typed or privited name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE			
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DELETE	1.1 TITLE <b>P</b>	resident Change Paddition ordon A.McBride
NAME			ordon Althodoloe
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CiTY-ST-ZIP	poretory Trockyler D. D.
TITLE NAME	☐ DELETE	2.1 TITLE   SO 2.2 NAME   ST	ecretary/Treasurer
STREET ADDRESS		2.3 STREET ADDRESS	CIMA CAMB
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADORESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	L Change   Addition
NAME STREET ADDRESS		4.2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
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  CITY-ST-ZIP		6 3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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:

unun

7/15/98