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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mostham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

P97000102164 (5)

DEWILIBY & ASSOCIATES, INC.

Principal Place of Business Mailing Address 1705 SW 56 LANE 1705 SW 56 LANE **GAINESVILLE FL 32608** GAINESVILLE FL 32608

FILED Apr 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/01/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3486501 26 Not Applicable Suite Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zıp Country Country 8. This corporation owes or has paid the current year Intangible 24 Yes 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 HARDY, DUDLEY P 998 N TEMPLE AVE Street Address (P.O. Box Number is Not Acceptable) 82 STARKE FL 32091 83 City Zip Code 85 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 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. TITLE DELETE 1.1 TITLE Change Addition PRESIDENT GBONGE DEMILIBY 1.2 NAME STREET ADDRESS 1705 EW & 6 LANE 1.3 STREET ADDRESS CITY-ST-ZIP GAINESUILE PL 32608 1.4 CITY-ST-ZIP TITLE DELETÉ 2.1 TITLE Change Addition Secremen / Treasurer_ NAME 2.2 NAME BONITA DEWILIBY STREET ADDRESS 1705 SW S6 LANG 2.3 STREET ADDRESS CITY - ST - ZIP GAINESUILLE AL 32608 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 THLE Addition Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 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 6.3 STREET ADDRESS CITY - ST - ZIP

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:

2127/98