## 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 # P97000103999 (3)

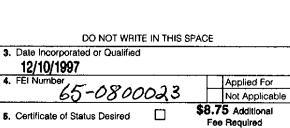
CAMPAU & LUCAS, INC.

23

24

Principal Place of Business	Mailing Address	* 1921194 1/10 1211/ 1021/ 001/1 001/1 1/10 1/10	***************************************	
5409 ECHO PINES CIRCLE EAST FORT PIERCE FL 34951	5409 ECHO PINES CIRCLE EAST FORT PIERCE FL 34951			
		DO NOT WRITE IN THIS SPACE		
		3. Date Incorporated or Qualified 12/10/1997		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	plied For	
21	26	65-0800023 No	ot Applica	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired Fee Re	Additional equired	
City & State	City & State	& Election Compaign Financing CF 00	Mari Da	

**FILED** Feb 20 1998 8:00am Secretary of State



Zip Code

\$5.00 May Be inancing Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 Yes 30 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LUCAS. DENNIS 5409 ECHO PINES CIRCLE EAST Street Address (P.O. Box Number is Not Acceptable) FORT PIERCE FL 34951 63

City

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, lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE								
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D	DELETE	1.1 TITLE	☐ Change	Addition			
NAME	LUCAS, DENNIS		1.2 NAME					
STREET ADDRESS	5409 ECHO PINES CIRCLE EAST		1.3 STREET ADORESS					
CITY-ST-ZIP	FORT PIERCE FL 34951		1.4 CITY-ST-ZIP					
TITLE		DELETE	2.1 TITLE	☐ Change	☐ Addition			
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS					
DITY-ST-ZIP			2. 4 CITY-ST-ZIP					
TITLE		DELETE	3.1 TITLE	☐ Change	Addition			
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY - ST - ZIP					
TITLE		DELETE	4.1 TITLE	☐ Change	Addition			
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS		1			
CITY-ST-ZIP			4.4 CITY - ST - ZIP					
TITLE		DELET <b>e</b>	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					
			<b>■</b> !					

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, Frurtner certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, Frurtner certify that it is 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 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