401-332-8430

9-25-58

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).

SIGNATURE:

COR	PROFIT RPORATION LAL REPORT 1998	FLORIDA DEPARTI Sandra B. I Secretary of DIVISION OF CO	Mertham of State		
DOCUMENT # P97000104444 (9) RUSSELL AND RUSSELL, INC.				98 OCT 30 PM 1:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Plac 876 TOWN CIR MAITLAND FL	CLE RD.	Mailing Address 876 TOWN CIRCLE RD. MAITLAND FL 32751		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/11/1997	
21	lace of Business	2a. Mailing Address 26	· -	4. FEI Number Applied Not Appl	icable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Addition Fee Required	
City & Stat		City & State		6. Election Campaign Financing \$5.00 May in Trust Fund Contribution Added to Fee	
Zip 24	Country 25	Zip 30	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	;
200 N. PRIMROSE DR. ORLANDO FL 32801 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accord the obligations of, section 607.0505, Florida Statutes.			83 84 City	FL 85 Zip Code tion submits this statement for the purpose of changing its registerence is board of directors. I hereby accept the appointment as registered	ed ed
SIGNATURE	Signature, typed or printed name or registered agent		Registered Agent signature require		- 6
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST RUSSELL, THOMAS W JR. 876 TOWN CIRCLE RD. MAITLAND FL 32751	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change A	ddition P
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, THOMAS W SR. 876 TOWN CIRCLE RD. MAITLAND FL 32751	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP .	200002678522 -11/03/9801013002 ****550.00_****550.0	00 .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		∟ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Change A	ddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change A	dditon
THTLE NAME STREET ADORESS CITY-ST-ZIP		DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change A	ddition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	3. 14/2/91	ddition
14. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statuties. 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.					