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PROFIT --CORPORATION **ANNUAL REPORT** 



Sandra B. Mortham

Secretary of Etel DIVISION OF CORPORATIONS

1998

officer or director of the corporation or the pacei Block 12 or Block 13 if changed, or on a latter

P97000106475 (1) DOCUMENT # SKELTON, VON GOEBEN, BRYANT, PERKINS & BRYANT, P

## FILED May 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1320 THOMASWOOD DR. 1320 THOMASWOOD DR. TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/19/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, otc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. 25 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** BRYANT, G. DON N 1320 THOMASWOOD DR. 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32312 83 64 City 85 Zip Code 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 title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE ☐ Change TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS アユスノエ CITY-ST-ZIP 1.4 CITY - ST - 2IP DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 31 TITLE TITLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. C(1Y - S1 - Z)P DELETE Change Addition TITLE 4.1 1(1).8 NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZiP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST-ZIP 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 are that I am an officer or director of the corporation or the pacity or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in