## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**1998**DOCUMENT #

P97000108745 (5)

BEHAN-SWANSON-WILLIS ACCOUNTING AND TAX SERVICES . INC.

FILED
May 04 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address 2522 SW 27TH AVE 2522 SW 27TH AVE OCALA FL 34474 OCALA FL 34474 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/30/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Sulte, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip 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 WILLIS, DAVID L Willis, Jean
Street Address (P.O. Box Number is Not Acceptable) 314 SABAL PARK PLACE, #102 82 36034 Pinetree Street LONGWOOD FL 32779 83 Zip Code 3 4731 Fruitland Park 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

4-34-98 <u>4-24-98</u> SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE WILLIS, DAVID L 1.2 NAME NAME Willis, David L. 314 SABAL PARK PLACE, #102 STREET ADDRESS 1.3 STREET ADDRESS 11217 Rose Down Ct LONGWOOD FL 32779 CITY-ST-ZIP 1.4 CITY-ST-ZIP Windermere FL 34786 **X** Addition DELETE TITLE 2.1 TITLE Change NAME 22 NAME Willis, Jean 2.3 STREET ADDRESS STREET ADDRESS 36034 Pinetree Street 34731 Change CITY-ST-ZIP 2.4 CITY-ST-ZIP Fruitland Park, Fl DELETE Addition TITLE 3.1 TITLE 3.2 NAME SALLE STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Change DELETE TITLE 4.1 TITLE \_\_\_ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition 5.1 TITLE TITLE 5.2 NAME 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 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-S1-7IP

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.

.00

4/24/00 857 854-345