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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999

DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90194 018 ***150.00

DOCUMENT # P9800 1. Corporation Name FLAGSHIP CAPITAL CORP.	00105287				
Principal Place of Business	Mailing Address				0010)
BATH CLUB BLVD 971 E TENNESSEE ST REDINGTON BEACH FL 33708 TALLAHASSEE FL 32308			DO NOT WRITE IN TH	IIS SPACE	
				3. Date Incorporated or Qualifed 12/18/1998	
2. Principal Place of Business 1 8 5 50 ULMERTON	2a. Mailing Address			4. FEI Number	Applied For Not Applicable
Suite art.	Suite, Apt. #, etc.	-		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State 60 FL	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 3377) 25 Country	Zip Co	F ' F '		This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☐ No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registere	ed Agent
CONIGLIO, MICHAEL J 971 E TENNESSEE ST TALLAHASSEE FL 32301		81	Name Street Address (P.O. Box Number is Not Acceptable)		
		83			

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.

City

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature r	equired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ASD SELETE	1.1 TITLE	Change Addition
NAME	COIGLIO, MICHAEL J	1.2 NAME	STEVEN ON EWHORTER
STREET ADDRESS	971 E TENNESSEE ST	1.3 STREET ADDRESS	0000
CITY-ST-ZIP	TALLAHASSEE FL 32301	1.4 CITY+ST-ZIP	LARBO FC 3377)
TITLE	DELETE	2.1 TITLE	ASS T & EC Change Change
NAME	NUT 15-4 = BY CLENT 15 OF 4/22/99	2.2 NAME	CONIGLIO, MICHAEL T.
STREET ADDRESS	0.00 - 10 -01/1/2 /00	2.3 STREET ADDRESS	971 EAST TEYNICSEEST
CITY-ST-ZIP	2000 13 09 9/22 99	2. 4 CITY-ST-ZIP	THU FL 32308
TITLE	DELETE	3.1 TITLE	Thange Change Change
NAME		3.2 NAME	DAN MELGAR SR
STREET ADDRESS		3.3 STREET ADDRESS	STO ULMENTON RD, STE ZOU
CITY-ST-ZIP		3.4. CITY-ST-ZIP	LARBO PL 33771'
TITLE	☐ DELETE	4.1 TITLE	DIN Change Caddition
NAME		4. 2 NAME	DAN MELGIR, JA
STREET ADDRESS		4.3 STREET ADDRESS	8550 ULMERTON RD, STE ZOO
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LARGO, FL 3377)
TITLE	☐ DELETE	5.1 TITLE	DIAL MOLLY MELCER Change Deddition
NAME		5.2 NAME	OCTO ULINERTON RD, STE ZOO
STREET ADDRESS		5.3 STREET ADDRESS	8330 (11) 11212100 1201312200
CITY-ST-ZIP	,	5.4 CITY-ST-ZIP	MRGO FL 33771
TITLE	☐ DELETE	6.1 TITLE	PRSS - DIN Change Addition
NAME		6.2 NAME	TOEL MULS
STREET ADDRESS		6.3 STREET ADDRESS	8550 ULMERTON RD, STE ZOO
CITY-ST-ZIP		6.4 CITY-ST-ZIP	WARGO FL 33771

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, op on all attachment with an address, with all other like empowered.

SIGNATURE:

MICHAEL JECONIGUD 4-29-99 850681-311

Zip Code

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