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PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Montham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (4) S41436 **DOCUMENT #** RICK C. JUHLIN, P.A. Mailing Address Principal Piace of Business 7120 OTTER CREEK DRIVE 7120 OTTER CREEK DRIVE NEW PORT RICHEY FL 34655 **NEW PORT RICHEY FL 34655** 3a. Date of Last Report 3. Date Incorporated or Qualified 07/26/1995 03/28/1991 Applied For 4 FELNumber 2a. Mailing Address 2. Principal Place of Business 59-3063430 Not Applicable 26 21 \$8.75 Additional Suite, Apt # etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 se tax under s. 199.032, 8. This corporation has liability for intangi Country Zφ Country Ζıp Yes No Florida Statutes 29 30 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) JUHLIN, RICK C. 82 7120 OTTER CREEK DR. 83 **NEW PORT RICHEY FL 34655** 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. TWOTE Registered Agent signature respired when renetating CR2E034 (12/95) SIGNATURE Styrasture, typed to printed han eith registered where all the diapoet wie ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS Addition 12. Change DELETE 1.130016 PD TITLE JUHUN, RICK C. 1.2 NAME NAME 7120 OTTER CREEK DRIVE 13 STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY FL** 1.4.0(E) - \$1 - ZIE Addition CHTY - ST-ZIP Change C) DELETE 2 1 1616 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY ST ZIP Change Addition CITY - ST - ZIP DELETE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 City - ST. Zif Addition CITY-ST-ZIP Change DELETE 4-1 THE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - ST - 71P Change Addition CITY-ST-2IP DELETE. 5.1 Iffice THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST-ZIP Add-tion DITY - ST - ZIP Change DFLETE 6 1 HH. TITLE 6.2 NAME NAME 6.3 SEREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 early 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 64<u>0</u>1Y-S1-7IP CITY - ST - ZIP

OFFICER OR DIRECTOR

Doe