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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name S41854

F. LEIGHTON ROWAN JR. C.P.A. P.A.

(8)

FILED Apr 28 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			, 1981, 918, 118, 118, 118, 118, 118, 11
3703 CRILL AV PALATKA FL S		P.O. BOX 863 Palatka FL 32178			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					03/28/1991
2 Principal Pl	ace of Business	2a. Mailing Address			4, FEI Number _ Applied For
21		26			59-3058276 Not Applicable
Suite, Apt. i	H, etc.	Suite, Apt #, etc.			S8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State	•	City & State			Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coul	ntry	 This corporation owes or has paid the current year Intangible
24	[25]	29	30		Personal Property Tax due June 30. X Yes No
	g, Name and Address of Current	t Hegislered Agent		81 Name	10. Name and Address of New Registered Agent
ROWAN, F. LEIGHTON, JR.				or Name	ne e e e e e e e e e e e e e e e e e e
	3 CRILL AVE.			82 Street	eet Address (P.O. Box Number is Not Acceptable)
PALATKA FL 32177				83	
				03	
			İ	84 City	FL 85 Zip Code
44 Durawant i	a the provisions of Continue CO7.0600	2 and 607 1609 Florida Clat	utos tho ab	DUO POMO	ned corporation submits this statement for the purpose of changing its registered
office or re	egi stere d agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was	s authorized	f by the co	corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE			DTC B		ature required when reinstating) DATE
	Signature, typed or printed name of registered ager OFFICERS AND		13.	Agent signatur	ature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	281	DELETE	1.1 TII	ı.F	Change Addition
NAME	ROWAN, F. LEIGHTON, JR.		1.2 NA		_ , _
STREET ADDRESS	\$703 CRILL AVE.			REET ADDRESS	ss
CITY-ST-ZIP	PALATKA FL			Y-ST-ZIP	
TITLE	D	DELETE	2.1 TIT		Change Addition
NAME	ROWAN, F. LEIGHTON, JR.		2.2 NA	ME	
STREET ADDRESS	\$703 CRILL AVE.		2.3 STI	REET ADDRESS	SS
CITY-ST-ZIP	PALATKA FL		2. 4 CI	TY-ST-ZIP	
TITLE		DELETE	3.1 TIT	LE	Change Addition
NAME			3.2 NA	ME	
STREET ADDRESS			3.3 ST	REET ADDRESS	ss
CITY-ST-ZIP			3.4. CI	1Y-\$1-ZIP	
TITLE		☐ DELETE	4.1 TIT	LE	☐ Change ☐ Addition
NAME			4. 2 N/	ME	
STREET ADDRESS			4.3 STI	ree1 address	SS
CITY+ST-ZIP				Y-ST-ZIP	
TITLE		☐ DELETE	5.1 TIT	LE	Change Addition
NAME			5.2 NA	ME	
STREET ADDRESS			5.3 STI	reet address	SS
CITY-ST-ZIP		(- (- (- (- (- (- (- (- (- (-		Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·
TITLE		DELETE	6.1 TIT		Change Addition
NAME			6.2 NA	ME	
STREET ADDRESS			6.3 STI	REET ADDRESS	SS
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP	

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. Lasal Kras RINANJIL Hazards

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