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

Apr 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (0) ROBERT H. CULTON, II, P.A. Principal Place of Business Mailing Address 498 E. CENTRAL PKWY. 499 E. CENTRAL PKWY. STE. 120 DO NOT WRITE IN THIS SPACE ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701 3. Date Incorporated or Qualified 04/08/1991 2. Principal Place of Business 2a. Mailing Address Applied For 4285 Tidewater Drive 59-3074890 21 Not Applicable Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing FL 23 Trust Fund Contribution Added to Fees Zφ Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Ulton 81 CULTON, ROBERT H III 499 E. CENTRAL PKWY. 82 STE. 120 83 **ALTAMONTE SPRINGS FL 32701** Zip Code 3 2 8 1 2 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 family wish and accept the obligators of, Section 607,0505. Florida Statutes. SIGNATURE 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **Change** DELETE TITLE 11 DILE CULTON, ROBERT H II NAME 1.2 NAME **CR2E034** 499 E. CENTRAL PKWY., STE. 120 STREET ADDRESS 1.3 STREET ADDRESS ALTAMONTE SPRINGS FL 32701 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 21 TITLE Change Addition TITLE 22 NAME NAME STREET ADORESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST - 7IP DFLETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE ■ Addition TITLE 41 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELFTE Change Addition 6 1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6 4 CITY - ST- ZIP 14. Thereby 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 reperted or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED