

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

FILED

Apr 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # S54910 (2)

1. Corporation Name  
CONNIE L. LENHART, P.A.

Principal Place of Business 9933 CANTERBERRY DRIVE LEESBURG FL 34788	Mailing Address 9933 CANTERBERRY DRIVE LEESBURG FL 34788
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/23/1991	
4. FEI Number 59-3081386		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent SEWELL, STEPHEN G. 907 WEBSTER ST. LEESBURG FL 34748		9. Name and Address of New Registered Agent		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83	
84 City		85 Zip Code		FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	CITY - ST - ZIP	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	CITY - ST - ZIP	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY - ST - ZIP	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY - ST - ZIP	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY - ST - ZIP	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY - ST - ZIP	6.3 STREET ADDRESS	6.4 CITY - 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

SIGNATURE: *Connie L. Lenhart* April 2, 1998 552-326-3013

CR2E034 (10/97)