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

FILED Jun 25 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1**9**98 DIVISION OF CORPORATIONS **DOCUMENT #** S94771 (0) PURPLE ISLE, INC. Principal Place of Business Mailing Address 3530 S. OSPREY AVE. 3530 S. OSPREY AVE. SARASOTA FL 34239 SARASOTA FL 34239 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/18/1991 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For Not Applicable 21 26 65-0295707 Suite, Apt. #, etc Suite Apl # etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Ζip This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HURLBURT, DAWN E. 3630 BENEVA OAKS DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34238 **B3** 84 City Zip Code 85 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 Signiflure, typod or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE D TITLE **HU**RLBURT, W.F., JR. NAME 1.2 NAME 3630 BENEVA OAKS DR 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE 21 TITLE ■ Addition TITLE HURLBURT, JEAN L. 2.2 NAME NAME 3630 BENEVA OAKS DR STREET ADDRESS 2.3 STREET ADDRESS **SARASOTA FL** CITY-ST-ZIP 2 4 CITY-\$1-ZIP DELETE Addition 31 TITLE TITLE HURLBURT, DAWN E 3.2 NAME NAME 3630 BENEVA OAKS DR STREET ADDRESS 3.3 STREET ADDRESS **SARASOTA FL** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE HURLBURT, WILBUR F III NAME 4. 2 NAME 3830 BENEVA OAKS DR 4.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 4.4 CiTY-ST-ZIP CITY-ST-ZIP DELLETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 certify 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 officer or director of the corpo Block 12 or Block 13 if chan

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 City - St - ZiP

61 TITLE

6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

APR 0 9 1998

Change

Addition