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FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S99863** **(0)**

1. Corporation Name
BUBBERS, YOAKUM & ASSOCIATES, CERTIFIED PUBLIC ACCOUNTANTS, P.A.

Principal Place of Business
775 E. MERRITT ISLAND CSWY. SUITE 210
MERRITT ISLAND FL 32952

Mailing Address
775 E. MERRITT ISLAND CSWY. SUITE 210
MERRITT ISLAND FL 32952-3311

3. Date Incorporated or Qualified: 12/12/1991
3a. Date of Last Report: 04/23/1996

2. Principal Place of Business
21 100 Parnell St.
22 Suite, Apt. #, etc.
23 City & State: Merritt Island FL
24 Zip: 32953
25 Country: U.S.A.

2a. Mailing Address
26 100 Parnell St.
27 Suite, Apt. #, etc.
28 City & State: Merritt Island FL
29 Zip: 32953
30 Country: U.S.A.

4. FEI Number: 59-3096203 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BUBBERS, WILLIAM J.
775 E MERRITT ISLAND CSWY #210
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 100 Parnell St.
83
84 City: Merritt Island FL 85 Zip Code: 32953

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: Carolyn J. Bubbers SEE ABOVE 4/12/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	BUBBERS, WILLIAM J.		1.2 NAME		
STREET ADDRESS	5900 N COURTENAY PKWY		1.3 STREET ADDRESS	2352 N. Tropical Trl.	
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY-ST-ZIP	Merritt Island, FL 32953	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BUBBERS, CAROLYN J.		2.2 NAME		
STREET ADDRESS	5900 N COURTENAY PKWY		2.3 STREET ADDRESS	2352 N. Tropical Trl.	
CITY-ST-ZIP	MERRITT ISLAND FL		2.4 CITY-ST-ZIP	Merritt Island, FL 32953	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: Carolyn J. Bubbers SEE ABOVE 4/12/97 407-453-2[illegible]