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

PROFIT **CORPORATION** ANNUAL REPORT 1998 DOCUMENT #
1. Corporation Name

4

.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham.. 🦫

Secretary of State DIVISION OF CORPORATIONS

(2)

## **FILED** Feb 26 1998 8:00am Secretary of State

COPPEDGE & WOOSTER, P.A.						E STORE BEETER BOOK BOOK BOOK STORE STORE STORE	1 <b>8 1 8 1 1 1 1 1 1</b> 1	1881 <b>8</b> 1811 1 <b>84</b> 1
Principal Place of Business Mailing Address								1811 \$1611 1881
86 PONCE DE LEON BLVD. 86 PONCE DE LEON BLVD.								
BROOKSVILLE FL 34601 BROOKSVILLE FL 34601						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified		
						01/01/1992		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	· ·	Applied For
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.						59-3096842		Not Applicable
22	27 Soile, Apr. #, etc.	. W. 616.			5. Certificate of Status Desired		Additional Required	
City & State	)	City & State			Election Campaign Financing		0 May Be	
23		28				Trust Fund Contribution		d to Fees
Zip	Country	Zip	Count	try		8. This corporation owes or has paid the cu		
24	25		30					□ No
9. Name and Address of Current Registered Agent					ame	10. Name and Address of New Registered	Agent	
COPPEDGE, JOHN H. 86 PONCE DE LEON BLVD.								
BROOKSVILLE FL 34601			8	2 St	reet Addres	Address (P.O. Box Number is Not Acceptable)		
D111	SONOTICLE 1 E STOOT		8	3		<u> </u>		
			8	d Ci	hu		0E 7	o Codo
••					City FL 85 Zip Code			
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida, Such change was authorized.</li> </ol>					med corpo	ration submits this statement for the purpose o	f changing	its registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								is registered
SIGNATURE								
12.	Signature, typed or printed name of registered agen OFFICERS AND		13.	Gent Biğ	nature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		1		☐ Change	
NAME	COPPEDGE, JOHN H., JR.		1.2 NAMI	E				
STREET ADDRESS	23378 EPPLEY DRIVE		1.3 STAE	et adda	RESS			li
CITY-ST-ZIP	BROOKSVILLE FL		1.4 CITY-	-ST-ZIP				{
TITLE	D	☐ DELETE	2.1 TITLE		İ		☐ Change	: LAddition C
NAME	WOOSTER, KATHLEEN D.		2.2 NAMI					1
STREET ADDRESS	3180 GULFVIEW DRIVE SPRING HILL FL		2.3 STRE					i
CITY-ST-ZIP TITLE	SPRING FILL PL	DELETE	2. 4 CHTY 3.1 TITLE		<del>' - </del>		Change	Addition
NAME		المالية	3.2 NAME					1,000,011
STREET ADDRESS			3.3 STRE		ESS			
CITY-ST-ZIP			3.4. CITY					į.
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAM	1E				
STREET ADDRESS			4.3 STREE	ET ADDR	ESS			
CITY-ST-ZIP		D DC FEE	4.4 CITY - ST - ZIP				TT 0:	
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME OXDEET ADDRESS			5.2 NAME					
STREET ADDRESS			5.3 STREET AD					
CITY-ST-ZIP TITLE		DELETE	5.4 CITY- 6.1 TITLE		<del> </del>	-	Change	Addition
NAME			6.2 NAME			:	manage	
STREET ADDRESS			6.3 STREE		ESS			1
			6.4 CITY-					
	ertify that the information supplied with	h this filing does not qualify for			stated in Se	ection 119.07(3)(i), Florida Statutes. I further co	rtify that th	ne information

indicated on this annual report or suppliant and 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 of the c

(802) JAN 2141