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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V16600

(1)

FRANK J. MARSTON, P.A.

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Principal Plac	ce of Business	Mailing Address			
883 HILL RO	DOST RD	883 HILL ROOST ROAD			
#3460 Tallahassi	EE 61 22212	#3460			DO NOT WRITE IN THIS SPACE
US	EE PL 32312	TALLAHASSEE FL 32312 US	3		3. Date Incorporated or Qualified
00		00			02/26/1992
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0314572 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			S8 75 Additional
22	` ` ` '				5. Certificate of Status Desired Fee Required
	City & State City & State				6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the current year Intangible
24	_ 25	29	30		Personal Property Tax due June 30. 🔲 Yes 💹 No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
M	arston, frank j.		81	Name	э
88	13 HILL ROOST ROAD		82	Street	t Address (P.O. Box Number is Not Acceptable)
SL	JITE 3460			Oli Co.	Thousand (1.0. Dex 14 miles) to 1401/1000ptabley
TA	ALLAHASSEE FL 32312		83		
			84	<u> </u>	lee! 7: O-de
Į			04	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508, Florida Statut	es, the abov	e-named	d corporation submits this statement for the purpose of changing its registered propration's board of directors. I hereby accept the appointment as registered
office or r	registered agent, or both, in the State i im familiar with, and accept the obliga	of Florida. Such change was a tions of Section 607 050 5 . Flo	authorized bi orida Statute	/ the corp	rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE					
SIGNATURE	Signifure, typed or printed name of registered agen	and trie if applicable (NOTI	E Registered Age	nt signature	re required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELET É	1.1 TITLE		Change Addition
NAME	MARSTON, FRANK J		1.2 NAME		T 1 2 T 10 A
STREET ADDRESS	6201 PARADISE POINT DR		1.3 STREET	ADDRESS	883 Hill ROOFT ROAD TAllohassee, Fl. 32312
CITY-ST-ZIP	MAMI FL		14 CITY-5	T-ZIP	TA A hassee, -1, 32312
TITLE		☐ DELET E	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET	ADDRESS	
CITY - ST - ZIP		——————————————————————————————————————	2. 4 CITY-	ST-ZIP	
TITLE		☐ DELET É	3.1 TITLE		Change Addition
NAME			3.2 NAME	ļ	
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP			3.4 CITY-	T-ZIP	
TITLE		DELETE	4.1 TITLE	İ	[Change L Addition]
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY - S	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	- 1	
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY - S	T-ZIP	<u></u>
TITLE		DELETE	6.1 TITLE	ĺ	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	ADDRESS	
CITY-ST-ZIP			6.4 CITY - S	T-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 of an attachment with or address.

IGNATURE TO MANET

2/11/90 85/29N 0240