## 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 # V23585

(5)

GEORGE & TITUS, P.A.

## **FILED** Feb 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 100 S. ASHLEY DRIVE P.O. BOX 3240 TAMPA FL 33601-3240 SUITE 1290 DO NOT WRITE IN THIS SPACE **TAMPA FL 33602** 3. Date Incorporated or Qualified 03/23/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 26 Not Applicable 59-3113540 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Žip Country Country Zio 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GEORGE, PETER E. 100 SOUTH ASHLEY DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1290** 23 TAMPA FL 33602 84 City Zip Code

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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE \_\_ Change \_\_ Addition NAME GEORGE, PETER E. 1.2 NAME 100 S. ASHLEY DRIVE, STE 1290 STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33602** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition DVST NAME TITUS, DOUGLAS J 2.2 NAME 100 S. ASHLEY DRIVE STE 1290 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP TAMPA FL 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZIP Addition DELETE 4.1 TITLE ☐ Change TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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 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:

Jan 30, 498 813/2730355 SIGNATURE

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