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

NAME

STREET ADORESS

## Mar 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Bandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name (1)V51660 ROYSTER AND ASSOCIATES, INC. Principal Place of Business Mailing Address 5131 NE CR 340 5131 NE CR 340 HIGH SPRINGS FL 32643 HIGH SPRINGS FL 32643 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/16/1992 4. FEI Number 2. Principal Place of Business 2s. Mailing Address Applied For 59-3129813 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ROYSTER, WILLIAM R. RT 1 BOX 158 Street Address (P.O. Box Number is Not Acceptable) HIGH SPRINGS FL 32643 83 64 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 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition ROYSTER, WILLIAM R 1.2 NAME NAME 5131 NE CR 340 1.3 STREET ADDRESS STREET ADDRESS HIGH SPRINGS FL CITY-ST-2IP 1.4 City-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE ROYSTER, SHEILA L 22 NAME NAME 5131 NE CR 340 STREET ADDRESS 2.3 STREET ADDRESS HIGH SPRINGS FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELFTE Addition 3.1 TITLE Change TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHY-\$T-7IP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE TITLE 51 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE

**FILED** 

officer or director of the corporation or the receiver or tru Block 12 or Block 13 if changed, gron in attachment wi ule of Knyster Sheila L. Royster 904.454.1954 SIGNATURE:

6.2 NAME

**63 STREET ADDRESS** 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 eath; 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