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

1. Corporatio	=	22168 FER AND STO	B (5) RAGE COMPANY					
Principal Plac	e of Business		Mailing Address	·			1801 ALÀIL AINJA KARII ÁLALI ÉIRII	1881
1421 HARRIS	SON AVE		1421 HARRISON AVE					
PO BOX 845			PO BOX 845			DO HOT INDITE ALTURA ADVICE		
2032 HWY 2297 32402			2032 HWY 2297 32402		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified		
9 Principal P	Place of Business		2a. Mailing Address		····	03/23/1959 4. FEI Number	1	
Principal Place of Business			26				Applied I	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.		59-0870306	Not Appl	_	
22			27		5. Certificate of Status Desired	Fee Required		
City & State			City & State		8. Election Campaign Financing	\$5.00 May E		
23			28		Trust Fund Contribution	Added to Fee:		
į Zip	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 Currer	nt Registered Agent			10. Name and Address of New Regis	lered Agent	
H(ERCULES, PET	TIS L.		81	Name			
1421 HARRISON AVE.				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
PANAMA CITY FL 32401					1	,		
				83	}			
				84 City			85 Zip Code	
					0.0,		FL S E S S S S S S S S	
I office or r	registered agent.	or both, in the State	2 and 607.1508, Florida State of Florida. Such change was ations of, Section 607.0505, F	authorized b	v the corporat	poration submits this statement for the purp lion's board of directors. I hereby accept the	ose of changing its register appointment as register	stered ered
SIGNATURE							· · · · · · · · · · · · · · · · · · ·	
42	Signature, typed or pri	of the other o		DTE: Registered Ag	ent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICER	CAND DIDECTORS IN 1	
12.	PD	OFFICENS AND	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICER		∠ Addition
NAME			Lad Occup	1.2 NAME			C ountings C	WGIIIOII
l · · · · ·	ARAA 141 ATKA AT							
DANIALA OITH PL AAAAA			1.3 STREET ADDRESS					
	TITLE CEOS		X DELETE	1.4 CITY-ST-ZIP 2 1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change A	ddition
	■ L		Abelen				□ omange □ n	WOIIION .
NAME	PETTIS, HERCULES NMN ADDRESS P.O. BOX 27455 N/A		,	22 NAME				
STREET ADDRESS	BALLANA ARTHUR		2 3 STREET ADDRESS					
CITY-ST-ZIP TITLE			DELETE	2. 4 CITY - ST - ZIP LETE 3.1 TITLE			☐ Change ☐ A	Addition
NAME	THWEATT, SUE			3.2 NAME				wystilfi i
1	TREET ADDRESS 309 TATES LANE			3.3 STREET ADDRESS				
1	PANAMA C							
CITY-ST-ZIP TITLE	1 CHANGE	HITE	☐ DELETE	3.4. CHTY - 4.1 TITLE	SI-ZIP		Change A	Addition
NAME	DALINGRU	TE, SURAPHUNT		4. 2 NAME			C Onlarige C A	idditibit
STREET ADDRESS	1	MMOND AVE.						
	PANAMA C				ADDRESS			
CITY-ST-ZIP	S S	111 FL	DELETE	4.4 CfTY - S	ST - ZIP		Change A	Addition
TITLE	SMITH, DE	NOEE O	□ beerie	5.1 TITLE				MORRIDA
NAME				5.2 NAME	, appress			
STREET ADDRESS	1610 LOUIS LYNN HAVI			5.3 STREET				
CITY-ST-ZIP	LINN HAV	SIN FL	T belete	5.4 CITY - 9	S1-ZIP		Channa II i	ddition
TITLE			DELETE	6.1 TITLE			L Change L A	Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP	l .			6.4 CITY - S	ST-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 chapted, or on an atlachment with an address. ulaplap

FILED

May 06 1998 8:00am

Secretary of State