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

FILED Jun 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (6) JOBERTA ENTERPRISES, INC. Principal Place of Business Mailing Address US 17 EAST END OF MEMORIAL BRDG US 17 EAST END OF MEMORIAL BRDG P.O. BOX 296 P.O. BOX 296 PALATKA FL 32178 PALATKA FL 32178 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/26/1964 2. Principal Place of Business 4. FEI Number Mailing Address Applied For 59-1104455 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country a. This corporation owes or has paid the current year Intangible Yes Personal Property Fax due June 30. 24 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HANSFORD, J.R. Name RT. 1, BOX 16A 82 Street Address (P.O. Box Number is Not Acceptable) E. PALATKA FL 32131 83 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NEHE Registered Agent signature required when reinstating) Storature, typic for priored name of toys for diagost and the Tappoleable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELFTE TITLE 1.1 TITLE HANSFORD, J.R. NAME 1.2 NAME ROUTE 1, BOX 16A 1.3 STREET ADDRESS STREET ADDRESS E. PALATKA FL CITY - ST - ZIF 1.4 CITY - ST - ZIP DELLTE Change Addition 21 TITLE TITLE HANSFORD, HAL S. 2.2 NAME NAME **ROUTE 1, BOX 16A** 2 3 \$1REFT ADDRESS STREET ADDRESS E. PALATKA FL 2 4 City-St-ZiP CITY+ST-ZIP DELETE Change Addition 3.1 THILE TITLE HUNTLEY, W.T. NAME 3.2 NAME ROUTE 1, BOX 826 STREET ADDRESS 3.3 STREET ADDRESS E. PALATKA FL 3 4. C(1Y+S1-Z(P CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY - ST - 7IP CITY-ST-ZIP Addition DELETE Change TITLE 5.1 THLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - ST - ZiP Addition DELETE TITLE 61 TILLE 6.2 NAME NAME -06/17/98--01018--0**1**5 6.3 STREET ADDRESS STREET ADDRESS \*\*\*550,00

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 utlachment with an addition.

CITY-\$1-ZIP