

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

FILED
Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **374913** (2)
1. Corporation Name
BACKUS ENTERPRISES, INCORPORATED

Principal Place of Business 601 MAPLE AVENUE SUITE A FT. PIERCE FL 34902 US	Mailing Address PO BOX 4214 FT. PIERCE FL 34948-4214 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 876 16th PLACE Suite, Apt. #, etc. 22 Apt. 2 City & State 23 VERO BEACH FL Zip Country 24 32961 25 US	2a. Mailing Address 26 P.O. Box # 1265 Suite, Apt. #, etc. 27 City & State 28 VERO BEACH FL Zip Country 29 32961-1265 30 US
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3. Date Incorporated or Qualified 12/31/1970	4. FEI Number 59-1351602	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No		

9. Name and Address of Current Registered Agent
**GUHSE, FREDERICK B.
601-A MAPLE AVE
FT PIERCE FL 34902**

10. Name and Address of New Registered Agent 81 Name GUHSE, FREDERICK B. 82 Street Address (P.O. Box Number is Not Acceptable) 876 16th PLACE 83 Apt. 2 84 City VERO BEACH FL 85 Zip Code 32960

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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD
NAME	GUHSE, FREDERICK B.	1.2 NAME	GUHSE, FREDERICK B.
STREET ADDRESS	601-A MAPLE AVE	1.3 STREET ADDRESS	876 16th PLACE, Apt. 2
CITY-ST-ZIP	FT PIERCE FL	1.4 CITY-ST-ZIP	VERO BEACH FL 32960
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 changed, or on an attachment with an address.

SIGNATURE **FF** **1-18-98** **GUHSE, FREDERICK B.** **561994-**

CR2E034 (10/97)