## 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 # 536059

(9)

MAJOR, INC.

SIGNATURE:

Mar 19 1998 8:00am Secretary of State

3/14/98

**FILED** 

Principal Place of Business				Mailing Address					A HADID! BYIR# IIIIA ANIII HOID! BYIID I	an Sibil bibi	il dinet atom alb	III DIBİL 1881
8125 CHANNEL DRIVE HARBOR ISLE PORT RICHEY FL 34668				8125 CHANNEL DRIVE HARBOR ISLE PORT RICHEY FL 34668					DO NOT WRIT	E IN THIS	SPACE	
									<ol> <li>Date Incorporated or Qualified 05/31/1977</li> </ol>			
2. Principal Place of Business				2e. Mailing Address					4. FEI Number		A	pplied For
21 2655 Nebraska Av			26	11					59-1757088		N	lot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional
22 Apt. 240			27									lequired
City & State 23 Palm Harbor, FL			28						6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees
Zip		Country	ļ.,	Zip	$\vdash$	ountry	<i>'</i>	ŀ	8. This corporation owes or has p			
24 34684	6 Nome	25	29	34684	30				Personal Property Tax due Jun			X) No
9. Name and Address of Current Registered Agent							Name		10. Name and Address of New R	egistered	Agent	
MAJOR, KENNETH H.						81		Maj	or, Kenneth H.			
8125 CHANNEL DRIVE PORT RICHEY FL 34668						82		ddress Ne	s (P.O. Box Number Is Not Accepte braska Av, Apt. 24	ble) 0		
						83						
						84						Code
44 Durewant	to the provin	ions of Sections 607.060	and 60	37 1509 Elorida State	uton tha	abou	Palm	1_Ha	rbor	FL	<u> </u>	1684
office or r	egistered ac	gent, or both, in the State	of Floric	la. Such change was	authoriz	ed by	y the corpo	oration'	ation submits this statement for the 's board of directors. I hereby according to the statement of the state	purpose o	pointment as	registered
	ım tamıllar w	ith, and accept the obliga	itions of	, Section 607.0505, F	-lorida Sti	atutes	<b>S</b> .					
SIGNATURE	Signature, typed	or printed name of registered ager	nt and title	if applicable (NC	ent signature re	egulred w	when reinstating)	DATE		<del></del>		
12.		OFFICERS AND			13				ADDITIONS/CHANGES TO OFF	CERS AN	D DIRECTOR	RS IN 12
TITLE	PD			☐ DELETE	1.1	TITLE					X Change	Addition
NAME		KENNETH H.			12	NAME						· ·
		HANNEL DRIVE SO	M =4			STREET	ADDRESS	265	5 Nebraska Av. Apt	. 240		
CITY-ST-ZIP	PORIR	ICHEY FL		0.000		CITY-S	T-71P	Pal	<u>m Harbor, FL 34684</u>			9 4 4 4 4 4
TITLE				☐ DELETE		TITLE					Change	Addition
CAREAL ADDRESS						NAME						
STREET ADDRESS							ADDRESS		·			
CITY-ST-Z#P TITLE				☐ DELETE		CITY-S	ST-ZIP				Change	Addition
NAME						NAME					CITY OF INTERIOR	Comp Advictori
STREET ADDRESS							ADDRESS					
City-ST-ZIP					1	CITY-						
TITLE			•	DELETE		TITLE					Change	Addition
NAME					- 1	NAME					-	:
STREET ADDRESS					4.3	STREET	ADDRESS					
CITY-ST-ZIP					4,41	CITY-S	T-ZIP					
TITLE				☐ DELETE	5.1	TITLE					Change	Addition
NAME					5.2	NAME						
STREET ADDRESS					5.3	STREET	ADDRESS					
CITY-\$1-ZIP					_	CITY-S	T-ZIP					
TITLE				☐ DELETE	. I	TITLE					Change	Addition
NAME						NAME						
STREET ADDRESS					6.3	STREET	ADORESS					
OFFICE AT THE							1					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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.