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

PROFIT CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F57619

(1)

J.D. BRESEMAN ENTERPRISES, INC.

( )

FILED
Apr 13 1998 8:00am
Secretary of State



% JOSEPH D. BRESEMAN 36 N BROAD ST BROOKSVILLE FL 34601		* JOSEPH D. BRESEMAN 36 N BROAD ST BROOKSVILLE FL 34601		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  01/01/1982	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 Cuita Ant	H	26		59-2140384	Not Applicable
Suite, Apt. #, etc.		Suite, Ap1. #, etc.		5. Certificate of Status Desired   \$8.75 Additional Fee Regulred	
City & State	9	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24	[25]		30		Yes No
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
	ESEMAN, JOSEPH D.		81 Name		
	N BROAD ST		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
BROOKSVILLE FL 34601			83		
			<b> </b>		
			84 City	FL	85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, lypod or printed name of legistered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE					
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTORS IN 12
TITLE	PST	DELETE	1.1 TITLE		Change Addition
NAME	Breseman, Joseph D.		1.2 NAME		
STREET ADDRESS	36 N BROAD ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL	Floriere	1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TIFLE		☐ DELETE	4.1 HTLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		[The state	5.4 CITY - ST - ZIP		77 Oberes 17 1228
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		
CITY-ST-ZIP	ertify that the information supplier	d with this filing does not qualify for	the exemption stated in	Section 119 07(3)(i) Florida Statutes I further co	ertify that the information
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 in an attachment with an address. (352)					

Block 12 or Block 13 if changed, or in an attachment with an address.

JOSEPH D. BRESEMAN 3/31/98 796-6233