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 # H24455

(8)

FILED Jan 15 1998 8:00am Secretary of State

 Corporatio 		· /							
LAKE	city News-Advertiser, I	NG.				(APPIALL BOOK ACET BOOK BIRDE HEREL	4:6:: 8:5	P)	
Principal Plac	e of Rusiness	Mailing Address				-			
508 NORTH FIRST STREET 508 NORTH FIRST STREET LAKE CITY FL 32055 LAKE CITY FL 32055									
	- 42500	2112 011 12 02000				DO NOT WRITE	E IN THIS	SPACE	-
						3. Date Incorporated or Qualified	**		
						10/05/1984			
Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ar	oplied For	
21		26			59-2449811		No	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22		27			3, 337		Fee Re	equired	
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be				
23		Zip Country			Trust Fund Contribution				
Zip				try		8. This corporation owes or has paid the current year Intangible			
24	25 Same and Address of Curren		30			Personal Property Tax due June 10. Name and Address of New Re			No
חת		it negisteleti Agelit	ε	31 N	lame	10. Name and Address of New Ro	egistered	Agent	
DOCKERY, CECILE J. 508 N FIRST ST									
	KE CITY FL 32055		ε	32 S	street Addres	ss (P.O. Box Number is Not Accepta	ble)		
LAI	NE CITT FE 32033		5	33					
				33					1
			8	34 C	City		FL	85 Zip (Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the abo office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statul					amed corpo	ration submits this statement for the			s registered
office or r	egistered agent, or both, in the State	of Florida, Such change was at	thorized	by the	e corporatio	n's board of directors. I hereby acce	pt the ap	pointment as	registered
	m lamiliar with, and accept the obliga	ations of, Section 607.0505, Flor	ida Statul	(0 \$.					-
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered /	Agent si	ignature required	when reinstating)	DATE		 .
12.	OFFICERS ANI	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTOR	RS IN 12
TITLE	VP	☐ DELETE 1.1		E				Change	Addition
NAME	BASS, TERRY D		1,2 NAME						
STREET ADDRESS	RT. 14, BOX 58		1.3 STRE	EET ADD	DRESS				
CITY - ST - ZIP	LAKE CITY FL		1.4 CITY	- ST- ZI	Р				
TITLE	P	☐ DELETE	2.1 TITLE	E				Change	Addition
NAME	DOCKERY, CECILE J.		2.2 NAM	ΙĘ					ļ
STREET ADDRESS	RT. 9, BOX 2276		2.3 STRE	ET ADO	DRESS				
CITY-ST-ZIP	LAKE CITY FL		2. 4 GITY-		IP				
TITLE	S DELETE		_	3.1 TITLE				Change Change	Addition
NAME	DOCKERY, SCOTT L		3.2 NAME					-	
STREET ADDRESS	1560 CHARON ROAD		3.3 STREET		IRESS				
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-S						
TITLE		DELETE	4.1 TITLE		11			Change	Addition
NAME			4. 2 NAME					onlings	
			4. 2 NAME 4.3 STREET		uree				
STREET ADDRESS									
CITY-ST-ZIP		☐ DELETE	4.4 CITY - ST -		P			Change	☐ Addition
TITLE		C DECENE	5.1 TITLE					☐ Citatibe	LLI Addition
NAME			5.2 NAME						
STREET ADDRESS			5 3 STREET AL		ſ				
CITY-ST-ZIP		T sere	5,4 CITY - ST - 2		P			170	
TITLE		☐ DELETE	6.1 TITLE					∐ Change	Addition
NAME			6.2 NAM						
STREET ADDRESS			6.3 STRE	ET ADD	RESS				- 1
CITY-ST-ZIP 6.4 CIT 14. I hereby certify that the information supplied with this filling does not qualify for the exer									
14. Thereby c	ertity that the information supplied wi	ith this filing does no qualify for	the exem	nption	stated in Se	ection 119.07(3)(i), Florida Statutes. I	further c	ertify that the	information

14. I hereby certify that the information supplied with this filling 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 supplied state 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 relegiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of Block 13 lifehanced, or one attributes an address the same legal effect as if made under oath.

SIGNATURE: