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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

BELLEVIEW FL 32620

Suite, Apt. #, etc.

City & State

22

23

24

Zip

7300 S.E. COUNTY HIGHWAY C-25



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K00709

(1)

7300 S.E. COUNTY HIGHWAY C-25

Mailing Address

2a. Mailing Address

City & State

26

27

28

29

BELLEVIEW FL 34420

Suite, Apt. #, etc.

HERBERT'S ENTERPRISES, INC.

Country

9. Name and Address of Current Registered Agent

25

7300 S.E. COUNTY HIGHWAY C-25

HERBERT, MARY A.

BELLEVIEW FL 32620

10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

FILED Feb 19 1998 8:00am Secretary of State

	1 1 64 (\$(4) \$11 \$9711 \$6(1) \$8011 \$8118 \$		IIDII BIBLI BIBII BIJII BIBII BIBII	
	DO NOT WRIT	E IN THI	IS SPACE	
3.	Date Incorporated or Qualified 11/03/1987			_
4.	FEI Number		Applied For	
	59-2856901		Not Applicable	
6.	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 p Personal Property Tax due Jun		current year Intangible	

84 City 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.

Country

81

82

83

30

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE HERBERT JR., ROBERT E. 1.2 NAME NAME 1865 SW 404 PL 2260 N.E. 22ND ST. STREET ADDRESS 1.3 STREET ADDRESS **OCALA FL** OCALA FL 34474 CITY - ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition DELETE Change TITLE 2.1 TITLE HERBERT, MARY A. NAME 2.2 NAME 1865 SW 40 M PL 2260 N.E. 22ND ST. STREET ADDRESS 2.3 STREET ADDRESS **OCALA FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Addition TITLE HERBERT JR., ROBERT E. NAME 3.2 NAME 1865 SW 40th PL 2260 N.E. 22ND ST. STREET ADDRESS 3.3 STREET ADDRESS OCALA FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 suppliemental 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 contration 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 3 if charged, or on an attachment with an address. (252)