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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L22404

(2)

Mailing Address

CHARLES P. CLOSSHEY, INC.

FILED
May 08 1998 8:00am
Secretary of State

% CHARLES P. CLOSSHEY 4400 U.S. HIGHWAY 82 WEST PLANT CITY FL 33567		2111 GOLFVIEW DR N PLANT CITY FL 33567 US	PLANT CITY FL 33567		DO NOT WRITE IN THIS SPACE			
					 Date Incorporated or Qualified 10/12/1989 			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	I A	pplied For	
21		26	26		59-2991675	ļ	ot Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.	·			\$8.75	Additional	
2		27	27		5. Certificate of Status Desired	Fee R	equired	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
3		28			Trust Fund Contribution	Added	to Fees	
Zip	Country	Zφ	Country	,	8. This corporation owes or has paid the cu		_ ~	
4	25 9. Name and Address of Curr		30		Personal Property Tax due June 30. 10. Name and Address of New Registered		No	
		eur vediereien võetir	81	Name	10. Name Bild Addiess Of New Registered	Agent		
	OSSHEY, CHARLES P.						~	
	I 1 GOLFVIEW DR N NT CITY FL 33567		82	Street Ac	ddress (P.O. Box Number is Not Acceptable)			
· ·	941 CH1 FL 3390/		63	 				
			1					
			84	City	FI	85 Zip	Code	
agent I ar SIGNATURE	m familiar with, and accept the ob	ligations of, Section 607.0505, Flori	ida Statute	S .	ration's board of directors. I hereby accept the ap	pointment as	registered	
	Signature typed or posted name of registered	agent and tide if applicable (NOTE AND DIRECTORS		ent signature rei	quired when reinstating) DATE	ID DIDECTO!	20.01.40	
12. TITLE	DP OFFICERS A	DELETE	13.	—-т	ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition	
NAME	CLOSSHEY, CHARLES P.	[] out it	1.2 NAME	1		Change	L. Notition	
STREET ADDRESS	2111 GOLFVIEW DR NORH	T		T ADDRESS				
CITY+ST-ZIP	PLANT CITY FL	'	1.4 CITY - 5	ľ				
TITLE	TOTAL OILLIE	DELETE	2.1 TITLE	51+2(F		Change	Addition	
NAME		_	22 NAME	-				
STREET ADDRESS			2.3 STREET	T ADDRESS				
CITY-ST-ZIP			2. 4 CITY-					
TITLE		☐ DELETE	3.1 TITLE			Change	Addition	
NAME			3 2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CHY-	ST-21P				
TITLE		DELETE	4.1 TITLE		- ::	Change	Addition	
NAME			4. 2 NAME		•			
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	ST-ZIP				
TITLE		DELETE	5.1 TITLE			☐ Change	Addition	
KAME			5.2 NAME					
STREET ADDRESS			53 STREET					
CITY-ST-ZIP	·	DELETE	5.4 City-5	ST-ZIP			T A Addy:	
TITLE		☐ Dette if	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME					
	actify that the information armalian	with this filling does not qualify for			in Continu 110 07(2Vi) Florida Chabitan III	metification at the	information:	
indicated of officer or o	on this annual report or suppleme	ntal annual report is true and accur sceiver or trustee empowered to ex	rate and th	it-zip ition stated at my signa	in Section 119.07(3)(i), Florida Statutes. I further cature shall have the same legal effect as if made upquired by Chapter 607, Florida Statutes; and that	nder path: th:	at I an	

SIGNATURE: Challes P. Chass Her 4/30/98 (813) 752-1783