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 #

004902

(3)

SUNTRUST BANK, NORTH CENTRAL FLORIDA

FILED Jan 22 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address		i akdin dala kana ana ing pang	iting Bings delles Blass Arast Arast Bings Alast 1881
203 E SILVER SPRINGS BLVD POST OFFICE BOX 310 OCALA FL 34478		203 E SILVER SPRINGS BLVD POST OFFICE BOX 310 OCALA FL 34478		DO NOT WRITE IN THIS SPACE	
US		U\$		3. Date Incorporated or Qualified	'
2 Principal 6	Place of Business	2a. Mailing Address		12/20/1910 4. FEI Number	Applied For
⊢	TIRLE OF BUSINESS	26		59-0202470	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			- \$9.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
- City & State -		City & State			\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has	· — · — ·
24	25	29 3	0	Personal Property Tax due Ju	
	9. Name and Address of Curre	nt Registered Agent	04)	10. Name and Address of New	Registered Agent
	ENYER, DAVID R		81 Name	ee Marshall	
20	203 E SILVER SPRINGS BLVD.			ress (P.O. Box Number is Not Accept	lable)
OCALA FL 34470			20	3 E. Silver Spings	Blvd.
			83		
			84 City		B5 Zip Code
			<u> </u>	cala	FL 34470
11. Pursuant office or	. to the provisions of Sections 607.05 registered agent, or both, in the Stati	บ2 and 607.1508, Florida Statules e of Florida. Such change was au	, the above-named cor thorized by the corpora	poration submits this statement for the tion's board of directors. I hereby acc	cept the appointment as registered
agent. I a	am familiar with, and accept the oblig	gations of Section 607.0505, Flori	da Statutes.		1.1 - 100
SIGNATURE	JIE VIEWS WIL	rsun/	Registered Agent signature requ	South a section of the section of	01/05/98
12.	Signature typed or printed name of registerito as OFFICERS At	ND DIRECTORS	13.		FICERS AND DIRECTORS IN 12
TITLE	CEOD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, WILLIAM H		1.2 NAME		
STREET ADDRESS	P O BOX 310 N/A		1.3 STREET ADDRESS		
ÇITY-ST-ZIP	OCALA FL 10		1.4 CITY-ST-ZIP		
TITLE	PD	DELETE	2.1 TITLE		Change Addition
NAME	SPROULL, JAMES E JR.		2.2 NAME		•
STREET ADDRESS	P O BOX 310 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		2. 4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	WILLIAMS, JIMMY O		3.2 NAME		
STREET ADDRESS	P O BOX 2848 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		Change Addition
NAME	CURRY, CRAIG		4. 2 NAME		
STREET ADDRESS	47 SW 17TH ST		4.3 STREET ADORESS		
CITY-ST-ZIP	OCALA FL		4.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		Change Addition
NAME	RAY, WILLIAM B		5.2 NAME		
STREET ADDRESS	1331 SE 5TH STREET		5.3 STREET ADDRESS		
CITY-ST-2IP	OCALA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		Change Addition
NAME	FRANKLIN, BEN O III		6.2 NAME		
STREET ADDRESS	P O BOX 275 N/A		6.3 STREET ADDRESS		
i	MICANOPY FL		6.4 CITY-ST-ZIP		

14. Thereby 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 on an attachment with an address.