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 # 136557

(6)

EELBECK INVESTMENTS, INC.

Principal Place of Business

4301 ROOSEVLET BLVD

Mailing Address

4301 ROOSEVLET BLVD

FILED Mar 31 1998 8:00am Secretary of State



JACKSONVILLE FL 32210		JACKSONVILLE FL 32210		DO NOT WRITE IN THIS SPACE	CF.
				3. Date Incorporated or Qualified	· · ·
				10/06/1938	
	lace of Business	2a. Mailing Address		4. FEt Number	Applied For
21 5148	W. Beaver St.	26 Box 40-0rteg	<u>a Station</u>		Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	8.75 Additional
22		27	,		Fee Required
City & State 23 Jacksonville, FL		City & State 28 Jacksonville	. זיגו	1 · · · · · · · · · · · · · · · · · · ·	5.00 May Be
	Country	Zip Jacksonville	Country		Added to Fees
Zip 24	 		Duval	8. This corporation owes or has paid the current Personal Property Tax due June 30. Yes	
24	25 Thival Name and Address of Curren	/ <u> </u>	O DUVET	10. Name and Address of New Registered Ager	
ME	HAFFEY,HUBERT G		81 Nar		
4301 ROOSEVELT BLVD.			121		
	CKSONVILLE FL 32210		62 Stre	et Address (P.O. Box Number is Not Acceptable)	
4//	PROPRIETE I L VEETV		63		
			84 City	fl 85	Zip Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statutes	the above-nam	ned corporation submits this statement for the purpose of cha	nging its registered
office or r	registered agent, or both, in the State	of Florida, Such change was au	thorized by the d	ned corporation submits this statement for the purpose of cha corporation's board of directors. I hereby accept the appoint	nent as registered
	un ramiliar with, and accept the oblig	ations of, section gov.coop, mon	da Siaidies.		
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable (NOTE:	Registered Agent sign	ature required when reinstating) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIF	ECTORS IN 12
TITLE	\$D	DELETE	1.1 TITLE		Change
NAME	MEHAFFEY, IDALEE B		1.2 NAME		
STREET ADDRESS	909 ARTHUR MOORE DR.		1.3 STREET ADDRE	ss	
CITY-ST-ZIP	GREEN COVE SPGS. FL		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE	L	Change 🔲 Addition
NAME	STREET ADDRESS 2020 COUNTRY CLUB TERRACE		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRE	ss	
CITY-ST-ZIP	PALATKA FL	, <u>-,</u>	2.4 CITY-ST-ZIP		
TITLE	PDT	☐ DELETE	3.1 TITLE	LI LI	Change
NAME	MEHAFFEY, HUBERT G		3.2 NAME		
STREET ADDRESS	909 ARTHUR MOORE DR.		3.3 STREET ADDRE	SS	
CITY-ST-ZIP	GREEN COVE SPGS. FL		3.4. CITY-ST-ZIP		OL
TITLE	VO	☐ DELETE	4.1 TITLE	LI.	Change Addition
NAME	MEHAFFEY, H. G., JR.		4. 2 NAME		
STREET ADDRESS	3448 N. STATE RD 13		4.3 STREET ADDRE	SS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	T octor	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE		rusude FT Voorrole
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRE	SS	
CITY-ST-ZIP		DELETE	5.4 CHTY-ST-ZIP		Change Addition
TITLE		☐ DELE te	6.1 TITLE		ruende 🗂 wonnou
NAME			6.2 NAME		
STREET ADDRESS	l		6.3 STREET ADDRE	SS 1	

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 on an attachment with an address.