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**

(4)

FILED Feb 02 1998 8:00am Secretary of State

WES H	iarris bu	IICK -P ONTIAC-G	MC, INC.										
Principal Plac	ce of Business	· · · · · · · · · · · · · · · · · · ·	Mailing Add	Mailing Address						RIBIT BIBLI	ASAIS TODS BIO	(A WIDEN 100)	
15164 CORTEZ BLVD 15164 CORTEZ BLVD													
BROOKSVILLE FL 34613 BROOKSVILLE FL 34613									DO 1107 110/75		00405		
									DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
								ł					
2. Principal F	Place of Busin	A88	2a. Mailing	2a, Mailing Address					02/04/1954 FEt Number		1 1	oplied For	
21		242		26				"	59-0759071		- + '	ot Applicable	
Suite, Apt.	. #, etc.			Suite, Apt. #, etc.				 				Additional	
22			27	27				5.	Certificate of Status Desired			egulred	
City & Sta	te		City & S	City & State				6.	Election Campaign Financing		\$5.00	May Be	
23			28	· · · · · · · · · · · · · · · · · · ·					Trust Fund Contribution			to Fees	
Zip	_	Country	Zip	, '				8. This corporation owes or has paid the current year Intang					
24		25 and Address of Curr	29		30				Personal Property Tax due June] No	
111			eur usālsteted Võ	 		31	Name	10.	Name and Address of New Re	ingraled :	- Aguir		
	IRRIS, WESL			82						 			
	164 CORTEZ						Street Addre	ess (P.	ss (P.O. Box Number is Not Acceptable)				
DH	OOKSVILLE	PL 34013											
					8	34	City			FL	85 Zip	Code	
11. Pursuant	to the provision	ons of Sections 607.0	502 and 607.1508,	Florida Statute	s, the abo	ove	-named corpo	oration	submits this statement for the p		changing it	ls registered	
office or i	registered age	ent, or b oth, in the Sta h, and accept the off	te of Florida Such	change was at	uthorized rida Statul	by tes	the corporation	ion's bo	n submits this statement for the ploard of directors. I hereby accept	t the app	ointment as	registered	
	///	MULLERMA	ganorio on oconon				Harris			/23/9			
SIGNATURE	Signature, typed o	s beretziger la eman petring ro	agent and title it applicable				nt signature required	ed when r	reinstating)	DATE	<u> </u>		
12.	1 32	OFFICERS A	ND DIRECTORS		13.			Ã	DDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	PD		L	DELETÉ	1.1 TITLE	E					Change	☐ Addition	
NAME		WESLEY F.			1.2 NAM								
STREET ADDRESS		ORTEZ BLVD					ADDRESS						
CITY-ST-ZIP	BROOKS	VILLE FL		DELETE	1.4 CITY	_	- ZIP				Change	Addition	
TITLE	STD Harris,	LINIDA C	L		21 TITU		İ				☐ Citarige	☐ ABUMUN	
NAME STREET ADDRESS		ORTEZ BLVD			2.2 NAM		ADDRESS						
CITY-ST-ZIP	BROOKS				2.4 CITY							}	
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STREET ADDRESS							ADDRESS						
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NAME					4. 2 NAN	ЛE							
STREET ADDRESS	İ				4.3 STRE	ET A	ADDRESS						
CITY-ST-ZIP					4.4 CITY	- 51	- ZIP				_		
TITLE			Ι	DELETE	5.1 TITLE	E					☐ Change	Addition	
NAME	1				5.2 NAM	E							
STREET ADDRESS					5.3 STRE	ET A	ADDRESS					1	
CITY-ST-ZIP				T DELETE	5.4 CITY		- ZIP						
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NAME					62 NAM		1000000						
STREET ADDRESS					63 STRE								
CITY-ST-ZIP	L		Tel of A Tell		6.4 CITY		-		119 07/3\/i\ Florida Statutas I (

indicated on this annual report or supplied with this hing does not quality for the exemption stated in section 119.07(3)(i), Florida Statutes. 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.