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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

FILED Feb 27 1998 8:00am Secretary of State

OUTBO	DARD, INC.				
Principal Place of Business Mailing Address				r indica iidii galai iidii daili galai giii gibii	AINII AIRII AINII AINII AIRII AIRII INCI
6424 ARLINGTON EXPRESSWAY 6424 ARLINGTON EXPRES		SWAY			
JACKSONVILLE FL 32211 JACKSONVILLE FL 32211				DO NOT WRITE IN TH	UP ODAOE
				3. Date Incorporated or Qualified	115 SPACE
				03/23/1957	
2. Principal P	Place of Business	2a, Mailing Address	a. <u>=</u>	4. FEI Number	Applied For
21		26		59-0790087	Not Applicable
Suite, Apt.	#, e lc.	Suite, Apt. #, etc.			\$8.75 Additional
22 27				5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	_ ' _ '
24	25 Name and Address of Curren	29 3 t Registered Agent	0]	Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
10	FTIN, WILLIAM A., JR.		81 Name	10, realite and realities of rion (register)	ou Agoni
20 HOPSON RD.					
JACKSONVILLE BCH FL 32250			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
			83		
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	See Van		· · · · · · · · · · · · · · · · · · ·	
		A Part of the Part	84 City	1965. F	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.					
SIGNATURE					
	Signature typed or printed name of registered ager		Registered Agent signature requir		
TITLE	OFFICERS AND	DELETE DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	
NAME	LOFTIN JR, WILLIAM A	better	1.2 NAME		Change L Addition
STREET ADDRESS	20 HOPSON RD		1.3 STREET ADDRESS];
CITY-ST-ZIP	JACKSONVILLE BCH FL		1.4 CITY-ST-ZIP		
TITLE	V	DELETE	2.1 TITLE		Change Addition
NAME	LOFTIN, DOROTHY T	_	2.2 NAME		
STREET ADDRESS	20 HOPSON RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BCH FL		2. 4 CITY-ST-ZIP		
TITLE	T	☐ OELETE	3.5 TITLE		☐ Change ☐ Addition
NAME	LOFTIN JR, WILLIAM A.		3.2 NAME		
STREET ADDRESS	20 HOPSON RD		3 3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BCH FL		3.4. CITY-ST-ZIP		
TITLE	S LOCTIN DODOTHY T	☐ DELETE	4.1 TITLE		Change Addition
NAME	LOFTIN, DOROTHY T.		4. 2 NAME		
STREET ADDRESS	20 HOPSON RD. JACKSONVILLE BCH FL		4.3 STREET ADDRESS		
CITY-ST-ZIP	MONOUNVILLE DUTI FL	DECETE	4.4 CITY-ST-ZIP		D 05
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME CTOCCT ADDRESS			5.2 NAME		
STREET ADDRESS		į	5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 City-St-ZiP		Change Addition
NAME		☐ DETEIE	6.1 TITLE 6.2 NAME		Change Addition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		·			
0.11 01 27			6.4 CITY-ST-ZIP		

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 allachment with an address.