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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	1998		Secretary of State DIVISION OF CORPORATIONS			Secretary of State						
1. Corporatio	MENT # NEYS HOLDII	<b>206970</b> NG INC	(6)	·					_			
				<u></u>								
Principal Plac		Mailing Address	Mailing Address 170 EAST GRANADA BLVD.							21211 01311 212	., ., ., ., ., ., .	
P O BOX 65 P O BOX 65								DO.	NOT WORTE	IN THUC C	CDACE.	
ORMOND BEACH FL 32175 ORMOND BEACH FL 32175								3. Date Incorporated or	NOT WRITE Cualified	i i i i i i i i	PACE	
- <del> </del>	- ( D		La Company					10/23/1957			<del>1</del>	
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number 59-0943665			<del></del>	oplied For ot Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status I	Desired	$\Box$	\$8.75	<del></del>		
City & State	8	27 City & State				6. Election Campaign F	inancing		<del></del>	May Be		
23	· <del></del> - <del>-</del>	28				Trust Fund Contribut	ion	<u> </u>	Added	to Fees		
Zip 24	25	Country	Zip 29	Country			<ol> <li>This corporation owe Personal Property Ta</li> </ol>		_		angible No	
	177	Address of Current		30	П.,			10. Name and Address			gent	
	NWAY,LOUIS E				81	Nam	е					• •
	) e granada e Mond Beach i		82 Street Add			et Addre	ss (P.O. Box Number is No	ot Acceptab	e)			
	MORD DESCRI	12 02110			83					,		
ŀ					84	City				<del></del>	85 Zip (	Code
11 Pursuant	to the provisions o	f Sections 607 0502	and 607 1508 Florida	Statutes IF	ne above	a-name	ed corno	ration submits this stateme	ant for the n	FL itnose of	changing il	s registered
office or r	egistered agent, o m familiar with, an	r both, in the State of accept the obliga-	of Florida. Such change tions of, Section 607.050	was autho	rized by Statutes	the co	orporatio	ration submits this stateme in's board of directors. I he	reby accep	the appo	ointment as	registered
SIGNATURE										·		
12.	Signature, typed or print	ed name of registered agen OFFICERS AND			stered Age	nt signat	ure required	when reinstating) ADDITIONS/CHANGES	S TO OFFIC	DATE	DIRECTOR	S 1NI 12
TITLE	PD	017102107110	☐ DELET		1,1 TITLE		1	ADDITIONO/OIANGE	3 10 OH 10	-110 AND	Change	Addition
NAME	BARR, WILLIA				1.2 NAME							
STREET ADDRESS	170 E. GRAN				1.3 STREET	ADDRES	3					
CITY-SI-ZIP	ORMOND BC	H. FL	The state		1.4 CITY - S	T-ZIP					<u> </u>	
TITLE	SD Louis e. Co	NWAY	∐ DELET		2.1 TITLE						Change	Addition
NAME STREET ADDRESS	170 E. GRAN				2.2 NAME 2.3 STREET	ADDDESS	,			:		
CITY-ST-ZIP	ORMOND BE				2. 4 CITY - 5		<b>'</b>			.:		
TITLE	VD	<del></del>	DELET		3.1 TITLE	<u> </u>	<del> </del>	·			Change	Addition
NAME	HAHL, JAMES		•		3.2 NAME							
STREET ADDRESS	170 E. GRAN			3.3 5		3.3 STREET ADDRESS						
CITY-ST-ZIP	ORMOND BO	H. FL			3.4. CITY - S	ST-ZIP					<del></del>	1 1 4 3 4 6 4
TITLE			☐ DELET		4,1 TITLE					ļ	L Change	Addition
NAME GEORGE LEDGESS					4. 2 NAME	400000						
STREET ADDRESS				4.3 STREET ADDRESS 4.4 CITY-ST-ZIP								
CITY-ST-ZIP TITLE	<del></del>		☐ DELET		6.4 GHY-S 6.1 TITLE	1-415	<del> </del>		<u> </u>		Change	Addition
NAME					5.2 NAME					•	- 5	
STREET ADDRESS					3.3 STREET	ADDRESS	;					
CITY - ST - ZIP					5.4 CITY - S	T-ZIP						
TITLE			☐ DELET		3.1 TITLE						Change	Addition

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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: James G. Hahl

NAME

STREET ADDRESS

CITY - ST - ZIP

**FILED** 

Jan 21 1998 8:00am