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## **PROFIT CORPORATION** ANNUAL REPORT 1998 DOCUMENT #

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(5)

**FILED** May 04 1998 8:00am Secretary of State

| CONENLY   | BOUTERY, ING.   |  |                              |   |  |  |   |   |                    |                             |   |
|---|---|--|------------------------------|---|--|--|---|---|--------------------|-----------------------------|---|
| Principal Place of E  | Business  | Mailing Add  | dress                        |   |  |  | _                                       | t vogite vient bleet tots toedt bis                                       |                    | LI BIBIL BIBIL B            | IIBU BIBU IBBI                          |
| 41 N. VIRGINIA ST.<br>OUINCY FL 32351<br>US   |   | P.O. BOX 788<br>41 N VIRGINIA ST.<br>QUINCY FL 32353 |                              |   |  |  | DO NOT WRI                              | TE IN THIS :  | SPACE              |                             |   |
|   |   | U\$  |                              |   |  |  | 3.                                      | Date Incorporated or Qualified 06/26/1961                                 | i                  |                             |   |
| 2. Principal Place  | of Business   | 2a. Mailing  | Address                      |   |  |  | 4.                                      | FEI Number  |                    | T A                         | Applied For                             |
| 21  |   | 26   |                              |   |  |  |   | 59-0935104  |                    | N                           | ot Applicable                           |
| Suite, Apt. #, etc  | tc.   | ļ <sub>1</sub>                                       | pt. #, etc.                  |   |  |  | 5.                                      | Certificate of Status Desired   |                    |                             | Additional                              |
| 22<br>City & State  |   | 27 City & S  | 'tats                        |   |  |  |   | • •   | <del></del>        |                             | Pequired                                |
| 23  |   | <u> </u>   | olate                        |   |  |  |   | Election Campaign Financing Trust Fund Contribution                       | П                  |                             | May Be to Fees                          |
| Zip   | Country   | 28 Zip   | <del></del>                  | Cou   | ntry   |  | <del></del> -                           | This corporation owes or has  |                    |                             |   |
| 24  | 25  | 29   |                              | 30  | ,  |  |   | Personal Property Tax due Jui   | •                  |                             | □ No                                    |
|   | , Name and Address of Curre   |  | ent                          | .15-1   |  |  | <del></del>                             | Name and Address of New F   |                    | Agent                       |   |
| ALLEN.  | IN E  |  |                              |   | 81   | Name   |   |   |                    |                             |   |
|   | VIRGINIA ST.  |  |                              |   | 82   | Street Addr  | ress (P                                 | O. Box Number is Not Accept   | able)              |                             |   |
| QUINC   | CY FL 32351   |  |                              |   |  | 00000000   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |                    |                             |   |
|   |   |  |                              |   | 83   |  |   |   |                    |                             |   |
|   |   |  |                              |   | 84   | City   |   |   |                    | 85 Zip                      | Code                                    |
|   |   |  |                              |   |  | •  |   |   | <u> FL</u>         |                             |   |
| <ol> <li>Pursuant to the<br/>office or registe</li> </ol>   | e provisions of Sections 607.05<br>tered agent, or both, in the Stat<br>milial with and accept the object                                       | 02 and 607.1508,<br>e of Florida, Such               | Florida Statul<br>change was | tes, the al   | 1-8VOC   | named corp   | poration tion's be                      | n submits this statement for the<br>pard of directors. I hereby according | purpose of         | changing                    | its registered                          |
| agent. I am fan   | miliar with and accept the obtain   | Section  | 607.05 <b>05</b> , FI        | orida Stal  | utes   | e oo perat   |   | 00.0 0.0.00.0.0   |                    |                             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| SIGNATURE   | _11-2 lll   | E  |                              |   |  |  |   |   | ハ・2フゴ              | <b>7</b> .2                 | i                                       |
|   |   |  |                              |   |  |  |   | <del></del>   | 4 " " >            | PU                          |   |
|   | ture typed or printed name of registered as   | <del></del>  | (NOT                         |   | Agent  | s gnalure requi  |   |   | DATE<br>ICERS AND  | DIRECTO                     | RS IN 12                                |
| 12.   | OFFICERS AN   | ND DIRECTORS   |                              | 13.   |  | s gnalure requi  |   | reinstating)<br>ADDITIONS/CHANGES TO OFF                                  | DATE<br>ICERS AND  |                             | RS IN 12                                |
| 12.   | OFFICERS AN   | ND DIRECTORS   | DELETE                       | 13.<br>1.1 TI   | LE   | s gnature requir   |   |   | DATE<br>ICERS AND  | DIRECTO Change              |   |
| 12. TITLE   | OFFICERS AN<br>PD<br>ALLEN,N E  | ND DIRECTORS   |                              | 13.<br>1.1 TI<br>1.2 No   | LE<br>ME   |  |   |   | DATE<br>ICERS AND  |                             |   |
| 12. TITLE NAME STREET ADDRESS   | OFFICERS AN   | ND DIRECTORS   |                              | 13.<br>1.1 TI<br>1.2 N/<br>1.3 SI   | LE<br>ME<br>REET AL  | DDRESS   |   |   | DATE<br>FICERS AND |                             |   |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AN<br>PD<br>ALLEN,N E<br>41 N. VIRGINIA ST.  | ND DIRECTORS   |                              | 13.<br>1.1 TI<br>1.2 N/<br>1.3 SI   | LE<br>ME<br>REET AC<br>TY-ST-  | DDRESS   |   |   | DATE               |                             |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | OFFICERS AP<br>PD<br>ALLEN,N E<br>41 N. VIRGINIA ST.<br>QUINCY FL   | ND DIRECTORS   | DELETE                       | 13.<br>1.1 TI<br>1.2 N/<br>1.3 SI<br>1.4 CI   | LE<br>ME<br>REET AC<br>IY-ST-<br>LE  | DDRESS   |   |   | DATE<br>FICERS AND | ☐ Change                    | Addition                                |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | OFFICERS AP<br>PO<br>ALLEN,N E<br>41 N. VIRGINIA ST.<br>QUINCY FL<br>SOT  | ND DIRECTORS   | DELETE                       | 13.<br>1.1 Ti<br>1.2 No<br>1.3 Si<br>1.4 Ci<br>2.1 Ti<br>2.2 No   | LE<br>ME<br>REET AL<br>TY-ST-<br>LE<br>ME  | DDRESS   |   |   | DATE               | ☐ Change                    | Addition                                |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | OFFICERS AF<br>PD<br>ALLEN,N E<br>41 N. VIRGINIA ST.<br>QUINCY FL<br>SDT<br>ALLEN,MARY JANE   | ND DIRECTORS   | DELETE                       | 13.<br>1.1 TI<br>1.2 N/<br>1.3 SI<br>1.4 CI<br>2.1 TI<br>2.2 N/<br>2.3 SI   | LE<br>ME<br>REET AL<br>TY-ST-<br>LE<br>ME  | DDRESS ZIP DDRESS  |   |   | DATE               | ☐ Change                    | Addition                                |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | OFFICERS AND PD ALLEN,N E 41 N. VIRGINIA ST. QUINCY FL SDT ALLEN,MARY JANE 41 N. VIRGINIA ST. QUINCY FL VO                                      | ND DIRECTORS   | DELETE                       | 13.<br>1.1 TI<br>1.2 N/<br>1.3 SI<br>1.4 CI<br>2.1 TI<br>2.2 N/<br>2.3 SI   | LE ME REET AL IY-ST- LE ME REET AL TU-ST-  | DDRESS ZIP DDRESS  |   |   | DATE               | ☐ Change                    | Addition                                |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | OFFICERS AND PD ALLEN, N E 41 N. VIRGINIA ST. QUINCY FL SDT ALLEN, MARY JANE 41 N. VIRGINIA ST. QUINCY FL VO ALLEN, MICHAEL E.                  | ND DIRECTORS   | DELETE                       | 13.<br>1.1 TI<br>1.2 N/<br>13 SI<br>1.4 CI<br>2.1 TI<br>2.2 N/<br>2.3 SI<br>2.4 C   | LE ME REET AC TY-ST- LE ME REET AC TY-ST- LE   | DDRESS ZIP DDRESS  |   |   | DATE               | ☐ Change                    | Addition Addition                       |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS  | OFFICERS AN PD ALLEN,N E 41 N. VIRGINIA ST. QUINCY FL SDT ALLEN,MARY JANE 41 N. VIRGINIA ST. QUINCY FL VO ALLEN, MICHAEL E. 4962 GLEN CASTLE DR | ND DIRECTORS   | DELETE                       | 13. 1.1 TI 1.2 Ni 1.3 SI 1.4 Ci 2.1 TI 2.2 Ni 2.3 SI 2.4 C 3.1 TI 3.2 Ni  | LE ME REET AD TY-ST- LE ME REET AD TY-ST- LE   | DDRESS ZIP DDRESS  |   |   | DATE               | ☐ Change                    | Addition Addition                       |
| 12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | OFFICERS AND PD ALLEN, N E 41 N. VIRGINIA ST. QUINCY FL SDT ALLEN, MARY JANE 41 N. VIRGINIA ST. QUINCY FL VO ALLEN, MICHAEL E.                  | ND DIRECTORS   | DELETE  DELETE               | 13. 1.1 TI 1.2 Ni 1.3 SI 1.4 Ci 2.1 TI 2.2 Ni 2.3 SI 2.4 Ci 3.1 Ti 3.2 Ni 3.3 SI 3.4 Ci   | LE ME REET AD IY-ST- LE ME REET AD IY-ST- LE ME REET AD IY-ST- IE ME   | DDRESS ZIP DDRESS -ZIP DDRESS                                |   |   | DATE               | ☐ Change ☐ Change ☐ Change  | Addition Addition                       |
| 12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE   | OFFICERS AN PD ALLEN,N E 41 N. VIRGINIA ST. QUINCY FL SDT ALLEN,MARY JANE 41 N. VIRGINIA ST. QUINCY FL VO ALLEN, MICHAEL E. 4962 GLEN CASTLE DR | ND DIRECTORS   | DELETE                       | 13. 1.1 TI 1.2 Ni 1.3 SI 1.4 Ci 2.1 TI 2.2 Ni 2.3 SI 2.4 Ci 3.1 Ti 3.2 Ni 3.3 SI 3.4 Ci 4.1 Ti  | ME REET AL  Y-ST- LE  ME REET AL  IY-ST- LE  ME REET AL  LE  ME LE  IY-ST- LE  IY-ST- LE   | DDRESS ZIP DDRESS -ZIP DDRESS                                |   |   | DATE               | ☐ Change                    | Addition Addition                       |
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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 eath; 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.

W. E. ALLE N

11-27-910