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 #

286811

(5)

W&LBINC

FILED Apr 06 1998 8:00am Secretary of State



Principal Place	of Business	Mailing A	Mailing Address				[
1321 S.E. HIGHWAY 19 P.O. BOX 546 CRYSTAL RIVER FL 34423		1321 S. P.O. BO	1321 S.E. HIGHWAY 19 P.O. BOX 546 CRYSTAL RIVER FL 34423			DO NOT WRITE IN THIS SPACE				
US		US	US				3. Date Incorporated or Qualified			
6 0 2 2 2 2 1 0	of Dunings	Los Maili	ng Address				11/04/1964 4. FEI Number			pplied For
· · ·	ace of Business		ig Addiess				59-1093049		-	ot Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.							Additional
22		27					5. Certificate of Status Desired		Fee R	equired
City & State	9		S State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country	Zip		Cour	ntry		8. This corporation owes or has pa			
24	25	[29]		30			Personal Property Tax due June 10. Name and Address of New Re			_) No
	9. Name and Address	of Current Registered	Agent		81	Name	1U. Name and Address of New Ad	aAistatan y	Gent	
	NTS, WALTER E			1	٠.	IVAIIIC				
	1 S.E. HIGHWAY 19					Street Addr	ess (P.O. Box Number is Not Acceptable)			
CR	YSTAL RIVER FL 32629			}	83					
				L						
				Ţ	84	City		FL	85 Zip	Code
44 Durgunnt	to the provisions of Section	607 0502 and 607 150	OR Florida Statu	tos the ab		named corn	poration submits this statement for the	purpose of	<u>l </u>	ts registered
office or r	egistered agent, or both, in m lamiliar with, and accept	the State of Florida. Su	ch change was	authorized	i by i	the corporat	ion's board of directors. I hereby acce	pt the appo	iintment as	registered
SIGNATURE	Signature, typed or printed name of re	and tills it orgin	able (NO	15 Panistared	Agon	t cionatura reguir	red when reinstaling)	DATE	 	
12.		CERS AND DIRECTORS		13.	Agen	r signature requi	ADDITIONS/CHANGES TO OFFI		DIRECTOR	3\$ IN 12
TITLE	P	SENO KIAD DIRECTOR	DELETE	1.1 TIT	LE	T			Change	Addition
NAME	BUNTS, WALTER E		_	1.2 NA						
STREET ADDRESS	1321 SOUTH HIGHW	AY 19				ADDRESS				
CITY-ST-ZIP	CRYSTAL RIVER FL				TY-ST					
TITLE	8		DELETE	2.1 TIT		-"-			Change	Addition
NAME	B UNTS, LUCILLE C		_	2.2 NA						
STREET ADDRESS	1321 SOUTH HIGHW	AY 19				ADDRESS				
CITY-ST-ZIP	CRYSTAL RIVER FL	• • • • •			ITY-ST	i				
TITLE	D		DELETE	3.1 111					Change	Addition
NAME	BUNTS, WALTER A		_	3.2 NA		-				
STREET ADDRESS	1321 SOUTH HIGHW	AY 19				ADDRESS				
CITY-ST-ZIP	CRYSTAL RIVER FL				ITY - ST	- 1				
TITLE	D		DELETE	4.1 TH	_				Change	Addition
NAME	ROBERTS, JANET			4. 2 N/	AME	1				
STREET ADDRESS	1321 SOUTH HIGHW	AY 19		4.3 ST	REET A	address				
CITY-ST-ZIP	CRYSTAL RIVER FL			4 4 CII						
TITLE			DELETE	51 TII					Change	Addition
NAME				5.2 NA	ME					
STREET ADDRESS				1		ADDRESS				
CITY-ST-ZIP					TY-ST					
TITLE			DELETE	6 1 TiT					Change	Addition
NAME				6.2 NA						
STREET ADDRESS						ADDRESS				
					TY-ST					
CITY-ST-ZIP	l			0.4 (/1)		-"				

14. 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.