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 # 325941 (3)

FILED Jan 29 1998 8:00am Secretary of State

1. Corporeti EDGA	ION Name AR E. PAUL, INC.				
Principal Pla	ice of Business	Mailing Address			an aifeie ander aifelt Elfere genet ifibt
2703 REDMAN PARKWAY 2703 REDMAN PARKWAY PLANT CITY FL 33566 PLANT CITY FL 33566			AY	DO NOT WRITE IN	TURO COACE
				DO NOT WRITE IN	THIS SPACE
				 Date Incorporated or Qualified 02/01/1968 	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1202699	Not Applicable
Suite, Api		Suite, Apt. #, etc.		5. Certificate of Status Desired	38.75 Additional Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the state of the s	
24	25	29	30	Personal Property Tax due June 30.	
	9, Name and Address of Curr	ent Hegistered Agent	81 Name	10. Name and Address of New Regist	tered Agent
REDMAN,JIM 306 W. REYNOLDS ST PLANT CITY FL 33566			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
			84 City		FL 85 Zip Code
office or agent. I SIGNATURE	am familiar with, and accept the obl	ligations of, Section 507.0505, F	s authorized by the corpor- lorida Statutes. DTE Registered Agent signature req	rporation submits this statement for the purp ation's board of directors. I hereby accept the	e appointment as registered
12.		IND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PAUL, DAVID ALLEN		1.2 NAME		
STREET ADDRESS		KWY	1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		1.4 CITY - ST - ZIP		
TITLE	V	DELETE	21 TITLE		Change Addition
NAME	PAUL, ERNEST E. JR.		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME	·	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		L Change L Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Dri Fee	4.4 CITY - ST - ZIP		Observe D 420ve
TITLE		☐ DELĒTE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		L_ DELEIE	61 THILE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CITY-ST-ZIP		

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.