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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANN	ANNUAL REPORT 1998		Secretary of State DIVISION OF CORPORATIONS)NS	Secretary of State		
	MENT # On Name OLE FORD, INC	333167	(5)			_		
SEIVINA	OLE FOND, IN	,						
Principal Plac	ce of Business		Mailing Address	· · · · · · · · · · · · · · · · · · ·			F AND LONG STATE STATE STATE BY HE SEEM STATE BY A SEEM BY A STATE BY A SEEM BY A STATE BY A SEEM AND A STATE STATE BY A SEEM A STATE STATE BY A SEEM A STATE STATE BY A SEEM A STATE STATE BY A STATE BY	
300 W REYNOLDS ST PLANT CITY FL 33566 US			PO BOX HH PLANT CITY FL 33584 US			DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified	
6 Principal C	Place of Business		De Mailing Addroop				07/30/1968	45
2. Principal F	riace of business	2a. Mailing Address				4, FEL Number Applie	oplicable	
Suite, Apt. #, etc.			Suito, Apt #, etc.			-	59-1218225 Not Ap 5. Certificate of Status Desired Fae Regul	itional
City & Stat	le		City & State				6, Election Campaign Financing \$5,00 Ma Trust Fund Contribution Added to F	
Zip	Cc	ountry	Zφ		Country		8. This corporation owes or has paid the current year Intang	
24	25	ddress of Current F	29	30			Personal Property Tax due June 30. Yes No. Name and Address of New Registered Agent	•
		doress of Current P	redistaten whent		81	Name	10, Name and Address of New Registered Agent	
VERNER, JOHN V.								
300 W REYNOLDS ST					82 Street Address (P.O. Box Number is Not Acceptable)			
PLANT CITY FL 33566					83			
					84	Oit.	lor 7 - Cod	
					64	City	FL 85 Zip Cod	e
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								
12.	Signature, typing or printer	t name of registered agont a OFFICERS AND I		INCHE HOS	13.	ut elduatnie	regulred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	V 12
TITLE	S	0111011011011	DELETI	E	1.1 TITLE		Change	Addition
NAME	SHUMP, JAME	S P			1.2 NAME			
STREET ADDRESS					1.3 STREET ADDRESS			
CITY - ST - ZIP	ST-ZIP PLANT CITY FL				1.4 CATY-ST-ZIP			
TITLE	P				21 TITLE		☐ Change ☐	Addition
NAME	VERNER, JOH			Í	2.2 NAME			ĺ
STREET ADDRESS					2.3 STREET	ADDRESS		
CITY-ST-ZIP	PLANT CITY F	<u>L</u>	ET DELET		2. 4 CITY - 5	ST-ZIP	Observed	Addition
TIFLE	VP FOWER FOW	(ADD	☐ DELET		3 1 TITLE		Change [Addition
NAME CYDERY ADDROCCO	VERNER, EDW				3.2 NAME	ADDOFOR		- 1
STREET ADDRESS	300 W REYNO PLANT CITY F				3.3 STREET			
CITY-ST-ZIP TITLE	TOWN OUT	<u> </u>	DELET		3.4. CITY-5 4.1 TITLE	at a Ell.	Change C	Addition
NAME					4 2 NAME			
STREET ADDRESS					4.3 STREET	ADDRESS		
CITY-ST-ZIP	ľ			. 1	4.4 CITY-S			{
TITLE			DELET	E	5.1 TITLE		Change	Addition
NAME					5.2 NAME			1
STREET ADDRESS					5.3 STREET	ADDRESS		
CITY-ST-ZIP		<u></u> .		<u>. </u>	5.4 CITY-S	1-21P		1.10
TITLE			☐ DELETI	•	6.1 TITLE		L_] Change L	Addition

14. Thereby certify that the information supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the Informat

63 STREET ADDRESS

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CITY-ST-ZIP

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Feb 24 1998 8:00am