## 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 # 364806** 

(0)

Principal Place of Business	Mailing Address	
W LAKE CITY AVE RT 13 BOX 991 LAKE CITY FL 32055	W LAKE CITY AVE RT 13 BOX 991 LAKE CITY FL 32055	

## **FILED** Apr 07 1998 8:00am Secretary of State

Principal I W LAKE 6 RT 13 BC		Mailing Address W LAKE CITY AVE RT 13 BOX 991 LAKE CITY FL 32055	74	DO NOT WRITE IN	
				3. Date Incorporated or Qualified 05/29/1970	
2. Princip	at Place of Business	2a. Mailing Address		4. FEI Number 59-1296174	Applied For Not Applicable
Suite, A	Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & :	State	City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 30	Country	8. This corporation owes or has paid th	
24]	9, Name and Address of Curre			Personal Property Tax due June 30.  10. Name and Address of New Registe	Yes No
	ANDERSON, CLYDE C JR 12116 CIR 252 MCALPIN, FL MCALPIN FL 32062		81 Name 82 Street Addres 83 84 City	ess (P.O. Box Number is Not Acceptable)	85 Zip Code
11. Pursul office agent SIGNATUR			ne above-named corporation of the corporation of th	oration submits this statement for the purpoon's board of directors. I hereby accept the	
12.			13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
TITLE NAME	ST Anderson, Linda G		1.1 TITLE		☐ Change ☐ Addition
STREET ADDRE	4840 DID 050		1.2 NAME 1.3 STREET ADDRESS		5
CITY-ST-ZIP	MCALPIN, FL 00000		I.4 CITY-ST-ZIP		ļ
TITLE	PD	☐ DELETE 2	2.1 TITLE		☐ Change ☐ Addition C
NAME STREET ADORE			2.2 NAME 2.3 Street address		
CITY-ST-ZIP	MCALPIN, FL 00000		R. 4 City-St-Zip B.1 Title		Change Addition
NAME			3.2 NAME		Change Addition
STREET ADDRE	ss		1.3 STREE1 ADDRESS		
CITY-ST-ZIP			I.4. CITY-ST-ZIP		
TITLE			I.1 TITLE		Change Addition
NAME Street addre	ee	1	. 2 NAME .3 Street address		
CITY-ST-ZIP			I.4 CITY-ST-ZIP		
TOLE		Devere	1 TITLE		Change Addition
NAME		5	.2 NAME		
STREET ADDRES	SS		.3 STREET ADDRESS		
CITY-ST-ZIP			.4 CITY-ST-ZIP		Change Addition
NAME					Change C1 Addition
	1	■ A	.2 NAME 1		1
STREET ADDRES	SS		.2 NAME .3 STREET ADDRESS		

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 changes or on an attachment with an address.