SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(2)

Jul 09 1998 8:00am Secretary of State

	IEL MAEO	IENN STSTEM, IN	U.					1 61818
Principal Plac	e of Busines		Ma	Mailing Address				T TOBLOG HINTO DITTO BETTY ADVOCATION LEGI OXDEF BEDIT DIGIT BEDIT DIGIT DIGIT DIGIT DIGIT.
1405-1407 WES	ST 15TH STR	EET	P.O	. BOX 1066				
PANAMA CITY	FL 32402		-	NAMA CITY FL 32402				
								DO NOT WRITE IN THIS SPACE
								3. Date incorporated or Qualified
2 Principal P	lace of Busin	nace	20	Mailing Address				07/14/1970 4. FEI Number Applied For
2. Principal Place of Business			26					4. FEI Number Applied For NOT APPLICABLE Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				\$8.75 Additional
22			27	27				5. Certificate of Status Desired Fee Required
City & State			City & State			_		6. Election Campaign Financing \$5.00 May Be
23			28	28				Trust Fund Contribution Added to Fees
Zip	Country		1 -3-	Zip Cou				8. This corporation owes or has paid the current year Intangible
24		25	29		30			Personal Property Tax due June 30. Yes 📝 No
		and Address of Currer	nt Regist	ered Agent				10. Name and Address of New Registered Agent
	W, PATRIC					81	Name	
1208 W. 11TH ST.					ŀ	82 Street Address (P.O. Box Number is Not Acceptable)		
PANAMA CITY FL 32401							· · · · · · · · · · · · · · · · · · ·	
						83		
					1	84	City	85 Zip Code
								PL i
11. Pursuant	to the provis	sions of sections 607,050	2 and 603	7.1508, Florida Statuti la Such change was	es, the abo	VO-	named corporate	orporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
agent. I a	am familiar v	vith, and accept the oblig	ations of,	section 607.0505, FI	orida Stati	ites	ine corpori	ration's board of directors. Thereby accept the appointment as registered
SIGNATURE		<i>N.</i>	W					
12.	Signature, typed	or printed name of registered age OFFICERS AN			OTE: Register	ed A	gent signature r	e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	OFFICERS AN	in hike		1.1 TiT			
NAME	DREW, PATRICIA			DELETE 1.1				Change Addition
STREET ADDRESS	4000 WEST 44TH STREET						ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401					1.4 CITY-ST-ZIP		
TITLE	VP			DELETE 2.1				Change Addition
NAME	DREW. N	MCHAEL R		DELETE	2 2 NA	νE		Change C Addition
STREET ADDRESS	ARRA IN AUTH ATREET			2.3 5			ADDRESS	
CITY-ST-ZIP PANAMA CITY FL 32401			2 4 CIT					
TITLE				DELETE	3.1 TIT			Change Addition
NAME .					3.2 NA	ΛE	1	
STREET ADDRESS					3.3 STF	EET.	ADDRESS	
CITY-ST-ZIP					3.4 CIT	Y-ST-	-ZIP	
TITLE				DELETE	4.1 TIT	.E	<u> </u>	Change Addition
NAME					4.2 NA	ΛE		
STREET ADDRESS					4.3 STF	EET.	ADDRESS	
CITY-ST-ZIP					4.4 CIT	Y-ST-	-ZIP	
TITLE				DELETE	5.1 TIT	.E		Change Addition
NAME					5.2 NAI	ÆΕ		
STREET ADORESS					5.3 STF	EET.	ADDRESS	
CITY-ST-ZIP					5.4 CIT	Y-ST-	ZIP	
TITLE				DELETE	6.1 TIT	Ε.		Change Addition
NAME					6.2 NA	Æ		
STREET ADDRESS								· · · · · · · · · · · · · · · · · · ·
SINCLIPEDINESS					6.3 STR	EET.	ADDRESS	

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 coporation 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

6/20/98