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 # 370668

(6)

FILED					
Apr 21	1998	8:00am			
Secre	tary o	f State			

1. Corporation		3 (0)				
Principal Place	e of Business	Mailing Address		· · · · · · · · · · · · · · · · · · ·		
P.O. BOX 1122 PLATT RD BOWLING GREEN FL 33834		DO NOT WRITE IN THIS SPACE				
U\$					3. Date Incorporated or Qualified	
9 Principal P	face of Business	2a. Mailing Address			10/02/1970 4. FEI Number Applied For	
21	idos of biraniess	26			59-1903528 Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			SR 75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State	0	City & State			6. Election Campaign Financing \$5.00 May Be	
23		[28]	<u>-</u>		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the current year Intangible	
24	9. Name and Address of Curre	29 and Agent	30]		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
D41		in riogistered Agent		81 Name		
	TTS, JIMMY T. RAL ROUTE 2, PLATT ROAD, BI	OV 400	L			
	NAL ROUTE 2, PLATT ROAD, BY NICHULA FL 33873	UA 120	1	B2 Street A	Address (P.O. Box Number is Not Acceptable)	
ļ ""	IOCHODA I E GOOFG			83	•	
			ŀ	B4 City	85 Zip Code	
			ĺ	B4 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stati	ites, the ab	ove-named	corporation submits this statement for the purpose of changing its registered	
agent. I a	m familiar with, and accept the oblig	guars of, Socion 607,0505, f	Torida Stati	ites.	poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Strature, typed or bonted name of registered as	Scally (NO		Pru	e required when reinstance) DATE DATE	
1	Styleture, typed or fronted name of regularized an			Agent signature		
12.	PDVS	DELETE	13. 1,1 Til	F 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME	BATTS, JIMMY T. S	<u></u>	1.2 NA			
STREET ADDRESS	RURAL ROUTE 2, BOX 120,	PLATT RD		REFT AUDRESS		
CITY-ST-ZIP	WAUCHULA FL			Y-ST-ZIP		
TITLE	VD	DELETE	2.1 TiT		☐ Change ☐ Addilion	
NAME	BATTS, JIMMY T. JR		2.2 NA	JE		
STREET ADDRESS	RT 2 PLATT RD		2.3 STF	REET ADDRESS	·	
CITY-ST-ZIP	WAUCHULA FL			Y-ST-ZIP		
TITLE	T	DELETE	3.1 117	i	. Change Addition	
NAME	BATTS, JIMMY T. S	DI LTT DD	3 2 NA			
STREET ADDRESS	RURAL ROUTE 2, BOX 120, 1	PLATT HU.	1	EFT ADDRESS	·	
CITY-ST-ZIP TITLE	WAUCHULA FL	DELETE	3.4. CI 4.1 Til	Y - \$1 - 7(P	Change Addition	
NAME	S Batts, Carol ann	beerit	4. 2 NA		Tomango Mounton	
STREET ADDRESS	RT. 2, BOX 120, PLATT RD.			EE1 ADDRESS		
CITY-ST-ZIP	WAUCHULA FL			Y-ST-ZIP		
TITLE		DELETE	5.1 TIT		☐ Change ☐ Addition	
NAME			5.2 NA	ME.		
STREET ADDRESS			5.3 STF	EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	6.1 1/1	\ \ \	☐ Change ☐ Addition	
NAME			. 6.2 NA			
STREET ADDRESS				EFT ADDRESS		
CITY-ST-ZIP	pertify that the information supplied w	with this filing does not qualify		r-SI-ZIP	ed 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.						

N. 14-00