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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

376618

W. M. PALMER COMPANY

## FILED Mar 02 1998 8:00am Secretary of State

| 1  |  |   |   |   |  |                                   |                             |
|--|--|---|---|---|--|-----------------------------------|-----------------------------|
| Principal Place of Business  3233 S.W. 33rd Road, S-201 P. O. Box 367  Ocala, Florida 34474  Ocala, Florida 34478-0367 |  |   |   |   | -  |                                   |                             |
|  |  |   |   |   | 7  |                                   |                             |
| Couldy 1 to 1 to a Couldy 1 to 1 to a  |  |   |   |   | DO NOT WRITE IN THIS SPACE   |                                   |                             |
| -12  |  |   |   |   | 3. Date Incorporated or Qualified 02/04/1971   |                                   |                             |
| 2. Principal   | Place of Business  | 2a. Mailing Address   |   |   | 4. FEI Number  | ļ <del> </del>                    | pplied For                  |
| 21 · · · 26   Suite, Apt #, etc.   Suite, Apt. #, etc.   |  |   |   |   | 59-1324956   |                                   | lot Applicable              |
| 22 27  |  |   |   |   | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required |                             |
| City & State City & State  |  |   |   |   | 6. Election Campaign Financing   |                                   | May Be                      |
| 23   |  | 28  | 1                                       |   | Trust Fund Contribution  |                                   | to Fees                     |
| Zip  | Country  | Zφ  | Cour                                    | ntry  | 8. This corporation owes or has paid the o   |                                   | ntangible No                |
| 24   | 25 9. Name and Address of Current  | Pegistered Agent  | [30]                                    |   | Personal Property Tax due June 30.  10. Name and Address of New Registere                      |                                   | <u></u>                     |
| ···  | s. Name and Address of Current   | nogistorou Agent  |   | 81 Name                                       | To. Harrie and Address of Hew negisters  | a wholir                          |                             |
| 147 1.4  | Dalman In  |   | Ĺ                                       |   |  |                                   |                             |
| W. M. Palmer, Jr.<br>3080 Southwest 53rd Street  |  |   |   | 82 Street Addre                               | at Address (P.O. Box Number is Not Acceptable)   |                                   |                             |
|  | Florida 34474  | •   | ļ.                                      | 83  |  |                                   | i                           |
| Ocqua,   | 7 (07 Idd 34474  |   | -                                       | 84 City                                       |  |                                   | Code                        |
|  |  |   |   |   | F  | L                                 | .                           |
| 11. Pursuant office or agent. I a  | to the provisions of Sections 607 0502<br>registered agent or both, in the State of<br>am familiar with, and accept the obliga | and 607.1508, Florida Statut<br>If Florida: Such change was a<br>lons of, Section 607.0505, Flo | es, the ab<br>authorized<br>orida Statu | ove-named corpo<br>by the corporatio<br>ites. | oration submits this statement for the purpose on's board of directors. I hereby accept the ap | of changing in pointment as       | ts registered<br>registered |
| SIGNATURE  |  |   |   |   |  |                                   |                             |
| · · · · · · · · · · · · · · · · · · ·  | Signature typed or purified harve of registered agen   |   |   | Agent signature required                      |  | ID DIDECTO                        | 00 111 10                   |
| TITLE  | OFFICERS AND   | DELETE  | 13.<br>11 IIII                          | E .   | ADDITIONS/CHANGES TO OFFICERS A  | Change                            | Addition                    |
| NAME   | President, Director  | _ viiii   | 1.2 NAM                                 | ſ   |  | C Onlange                         | - Addition                  |
| STREET ADDRESS   | W. M. Palmer, Jr.  |   |   | REET ADDRESS                                  |  |                                   | •                           |
| CITY-ST-ZIP  | 3080 Southwest 53rd<br>Ocala, Florida 344  | d Street  |   | Y-ST-ZIP                                      |  |                                   | +                           |
| TITLE  | I .  | 1 1 11-11-11-   | 2.1 TITL                                |   |  | Change                            | ☐ Addition                  |
| NAME.  | Secretary-Treasure   | r   | 2.2 NAM                                 | ME  |  |                                   | ŀ                           |
| STREET ADDRESS   | Dorothy Glanzer<br>4220 Southwest Fift   | h Avenue  | 2.3 STR                                 | IEET ADORESS                                  |  |                                   |                             |
| CITY-ST-ZIP  | Ocala, Florida 344   | 74  | 2 4 C/T                                 | Y-\$1-7 P                                     |  |                                   |                             |
| TITLE  | Vice President, Dir  | DELETE  | 3 1 TITE                                | .E  | <del></del>  | Change                            | ☐ Addition                  |
| NAME   | Margaret Palmer  |   |   | ME .  |  |                                   |                             |
| STREET ADDRESS   | [SS] 709 Southeast 15th Avenue   |   |   | EET ADDRESS                                   |  |                                   |                             |
| CITY-ST-ZIP  | Ocala, Florida 344   | DELETE  | 3.4. CIT<br>4.1 TITL                    | Y-ST-ZIP                                      |  | ☐ Change                          | ☐ Addition                  |
| TITLE  |  | ש טנונונ  | 4.1 HHL<br>4.2 NAI                      |   |  | - Change                          | - Addition                  |
| NAME<br>STREET ADDRESS   |  |   |   | ME<br>EET ADDRESS                             |  |                                   | 1                           |
|  |  |   |   | -ST-ZIP                                       |  |                                   | 1                           |
| CITY - ST - ZIP<br>TITLE   | <del> </del>   | DELETE  | 5.1 TITL                                |   |  | ☐ Change                          | Addition                    |
| NAME   |  |   | 5.2 NAN                                 |   |  | . — •                             |                             |
| STREET ADDRESS   |  |   |   | EE1 ADDRESS                                   |  |                                   |                             |
| CITY - ST - ZIP  |  |   | 4                                       | r-St-ziP                                      |  |                                   | }                           |
| TITLE  |  | ☐ DELETE  | 6 1 TITE                                |   | 6000024450   | Change                            | ☐ Addition                  |
| NAME   |  |   | 6.2 NAM                                 | ne  | -03/03/9801054   | o rto<br>.ope                     | DS                          |
| STREET ADDRESS   |  |   | 6.3 STR                                 | EE1 ADDRESS                                   | ***150,00  | ULO                               | 10.7                        |
|  | i .  |   |   |   | 赤字:字(1、3 日)  |                                   | 5.0                         |

14. Thereby 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 13 if changed or on an attachment with an address.

SIGNATURE:

AT URE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DISPECTOR

2/26/98

352-237-6145

2-237-0145

2E034 (10/97)