


115198
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 396410 (3)
1. Corporation Name
THE CHARLEY CREEK CO.



Principal Place of Business HIGHWAY 84 WEST P.O. BOX 1057 5 1/2 MILES WEST OF AVON PARK AVON PARK FL 33825-7950	Mailing Address HIGHWAY 84 WEST P.O. BOX 1057 5 1/2 MILES WEST OF AVON PARK AVON PARK FL 33825-7950
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8798 State Road 64 East Suite, Apt. #, etc. 22 (Hardee County) City & State 23 Wauchula, FL Zip 24 33873		2a. Mailing Address 26 Post Office Box 1057 Suite, Apt. #, etc. 27 City & State 28 Avon Park, FL Zip 29 33826		3. Date Incorporated or Qualified 02/25/1972	
Country 25 USA		Country 30 USA		4. FEI Number 59-1386929	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		Applied For Not Applicable	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. Additional Fee Required \$8.75 \$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent

WRIGHT, P. J
1519 LAKE LOTELA DR.
AVON PARK FL 33825

WRIGHT, P. JOSEPH
----change----

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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.

P. JOSEPH WRIGHT

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, HELEN N	
STREET ADDRESS	HWY 84 W 5 1/2 MIL W	
CITY-ST-ZIP	AVON PARK FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, CHARLES R	
STREET ADDRESS	HWY 84 W 5 1/2 MIL W	
CITY-ST-ZIP	AVON PARK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WRIGHT, P. J	
STREET ADDRESS	1519 LAKE LOTELA DR.	
CITY-ST-ZIP	AVON PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9056 State Road 64 East
1.4 CITY-ST-ZIP	Wauchula, FL 33873
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	9056 State Road 64 East
2.4 CITY-ST-ZIP	Wauchula, FL 33873
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WRIGHT, P. JOSEPH
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Avon Park, FL 33825
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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.

SIGNATURE:  SIGNATURE REQUIRED P. JOSEPH WRIGHT 2/18/98 (941) 453-2499

CR2E034 (1097)