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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Jun 18 1998 8:00am

Secretary of State

1	MENT # 411277 S R. ELLINGTON CONSTRUC	V.)			1847 BRADA BABA BABA BABA 1841
Principal Plac	ee of Business	Mailing Address			(B))
P.O. BOX 257		P.O. BOX 257			
LAKE BUTLER FL 32054		LAKE BUTLER FL 32054			
				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
a Deinstead C	Place of Business			10/24/1972	
——————————————————————————————————————	1ace of Business	2a. Mailing Address		4. FEI Number	Applied For
		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	59-1423747	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6, Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the d	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
	MSON, LARRY L.		81 Name		
HWY 100 WEST			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
LAKE B UTLER FL 32054					
			83		
			84 City		■ 85 Zip Code
			1 1 1	__	1 1 1
11. Pursuant office or r	to t he provisions of Sections 007,0502 registered agent, or both, in the State of	and 607.1508, Florida Statu if Herida, Such chance was	tes, the above-named cl authorized by the corno	orporation submits this statement for the purpose oration's board of directors. I hereby accept the a	of changing its registered
agent La	im familiar with, and accorptal obligat	igus of, Section 607.0505, FI	orida Statutes	rations board or directors. Thereby decept the a	ppointment as registered
SIGNATUR	_JM) LUM.	sa			
	Stgraph typics or politic during of respective Laguer OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	E. Registered Agent signature re	······································	
12. TITLE	P	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change
NAME	ELLINGTON, MARY ALICE		1.2 NAME		C change C Addition
STREET ADDRESS	SR 100 WEST		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE BUTLER FL		1.4 CITY - ST - ZIP		
THILE	10	DELETE	21 DILE		Change Addition
NAME	ELL INGTON, HARLIS R JR		2 2 NAME		
STHEET ADDRESS	C 231 N. P.O. BOX 603 N/A		2 3 STREET ADDRESS		
CITY-ST-ZIP	LAKE BUTLER FL		2 4 CITY · ST · ZIP		
TITLE	2V	DELETE	3.1 TITLE		Change Addition
NAME	D AVISON, LARRY L.		3.2 NAME		
STREET ADDRESS	C 231 N. RT. 3 BOX 13		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE BUTLER FL		3.4 CITY-ST-ZIP		
TITLE	8	DELETE	4.1 T(TLE		Change Addition
NAME	DAVISON, PAULETTE E.		4. 2 NAME -		
STREET ADDRESS	C 231 N. RT. 3 BOX 13		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE BUTLER FL		4.4 CITY - ST - ZIP		
TITLE	ELIMOTONI MELANIE I	L. DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ELLINGTON, MELANIE J.		5.2 NAME		
STREET ADDRESS	C 231 N. P.O. BOX 603 N/A LAKE BUTLER FL		5.3 STREET ADDRESS		
CITY-ST-ZIP	LANE DUILEN FL	DELETE	5.4 CITY-ST-7IP		Chara Lader
TITLE		L_I DOLLIE	6 1 TITLE		Change Addition
NAME OTREET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1

CITY-ST-ZIP

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 suppliemental 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 libe corporation or the receiver or trusted 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