SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

DOCUMENT #
1. Corporation Name

CITY-ST-ZIP

(5)

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). **PROFIT** Jul 15 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS

	PLONIDA BRICK COMPA	N1; INO:			
Principat Plac	e of Business	Mailing Address			
P O BOX 1569		P O BOX 1569			
PANAMA CITY FL 32402 PANAMA CIT		PANAMA CITY FL 32402		DO NOT WRIT	E IN THIS SPACE
				3. Date Incorporated or Qualified	E IN THIS GFACE
				04/03/1973	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1450002	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		3. Certificate of Status Desired	Fee Required
City & Stat	ie .	City & State		6. Election Campaign Financing	55.00 May Be
23 Zin	Country	28	Country	Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip	Country 30	8. This corporation owes or has pa	
44	9. Name and Address of Cur	[29] rent Registered Agent	30[Personal Property Tax due June 10. Name and Address of New Re	<u> </u>
TFW	, WILLIAM VIRGIL		81 Name	T 1/	1
	GORDON ST		20 20 11	ew William Virgi	<u>.l</u>
	AMA CITY FL 32401		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	· (a)
			83	July Chap Di	·
			24 20		
			84 City	ynn Haven	FL 85 Zip Code 4
11. Pursuant	to the provisions of sections 607.0	502 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the pur	nose of changing its registered
office or	regis tere d agent, or both, in the St	ate of Florida. Such change was :	authorized by the corpora	ation's board of directors. I hereby accept	the appointment as registered
e adentii a	am tamiliar with, and accent the ot	digations of section 607 0505. Fl	orida Statutes		
-	am familiar with, and accept the ob	oligations of, section 607.0505, Fl	orida Statutes.		
SIGNATURE	Signature, typed or printed name of registered	oligations of, section 607.0505, Flagent and title if applicable (N	orida Statutes. OTE: Registered Agent signature <i>n</i>	equired when reinstating)	DATE
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable (Ni AND DIRECTORS	orida Statutes. OTE: Registered Agent signature of	equired when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
SIGNATURE . 12. TITLE	Signature, typed or printed name of registered OFFICERS	oligations of, section 607.0505, Flagent and title if applicable (N	OTE: Registered Agent signature of	equired when reinsteting) ADDITIONS/CHANGES TO OFF	DATE
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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 ennual 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.