

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 12 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 483952 (8)
 1. Corporation Name
 STRIPE-RITE SOUTH, INC.



Principal Place of Business Mailing Address
 STRIPE-RITE SOUTH INC 105 SAXON BLVD DELTONA FL 32738 US
 STRIPE-RITE SOUTH INC 105 SAXON BLVD DELTONA FL 32738 US

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
 09/04/1975

2. Principal Place of Business 2a. Mailing Address
 21 1698 OLD TITUSVILLE RD 26 1698 OLD TITUSVILLE RD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 ENTERPRISE, FL 28 ENTERPRISE, FL
 Zip Country Zip Country
 24 32725 25 32725 29 32725 30

4. FEI Number Applied For
 59-1637988 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 WILBY, TOM
 105 SAXON BLVD.
 DELTONA FL 32738

10. Name and Address of New Registered Agent
 81 Name TOM WILBY
 82 Street Address (P.O. Box Number is Not Acceptable) 1698 OLD TITUSVILLE RD
 83
 84 City ENTERPRISE FL 85 Zip Code 32725

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, 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.
 SIGNATURE: *Tom Wilby* (NOTE: Registered Agent signature required when reinstating) DATE: 8-4-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILBY, TOM	1.2 NAME	
STREET ADDRESS	105 SAXON BLVD	1.3 STREET ADDRESS	1698 OLD TITUSVILLE RD
CITY-ST-ZIP	DELTONA FL	1.4 CITY-ST-ZIP	ENTERPRISE, FL 32725
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILBY, JEANIE M.	2.2 NAME	
STREET ADDRESS	105 SAXON BLVD	2.3 STREET ADDRESS	1698 OLD TITUSVILLE RD
CITY-ST-ZIP	DELTONA FL	2.4 CITY-ST-ZIP	ENTERPRISE, FL 32725
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Tom Wilby* 8-4-98 407-860-6807

CR2E034 (5/98)