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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 506165

(0)

ENTERPRISES OF CENTRAL FLORIDA, INC.

FILED Feb 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 619 SNIVELY AVENUE 619 SNIVELY AVENUE WINTER HAVEN FL 33880 WINTER HAVEN FL 33880 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/29/1976 2. Principal Place of Business Mailing Address 4, FEI Number Applied For 90 CHarles 21 Business Closing H. FISHER 26 Not Applicable 59-1681488 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 3748 Jerome City & State City & State 6. Election Campaign Financing \$5.00 May Be FL. Country 23 wake Trust Fund Contribution Added to Fees les Zip Country Zip 8. This corporation owes or has paid the current year Intangible 33853 Personal Property Tax due June 30. Yes □ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FISHER, EDNA **619 SNIVELY AVE** Street Address (P.O. Box Number is Not Acceptable) 82 WINTER HAVEN FL 33880 83 84 City Zip Code 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. **SIGNATURE** (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE PD 1.1 TITLE NAME FISHER, CHARLES H. 1.2 NAME 3748 JEROME ROAD STREET ADDRESS 1.3 STREET ADDRESS LAKE WALES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITI F VST 2.1 TITLE NAME FISHER.EDNA 2.2 NAME STREET ADDRESS 3748 JEROME ROAD 2.3 STREET ADDRESS CITY-ST-ZIP lake Wales fl 2.4 City - St-ZiP DELETE Addition TITLE 3.1 TITLE Change NAME FISHER, EDNA 3.2 NAME 3748 JEROME RD STREET ADORESS 3.3 STREET ADDRESS LAKE WALES FL CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE

64 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 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 of 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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST-ZIP

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NAME STREET ADDRESS

TITLE

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STREET ADDRESS

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