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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 517317

(4)

AMERICAN RESOURCES, INC.

Principal Plan	and During		· · · · · · · · · · · · · · · · · · ·				
Principal Place of Business Mailing Address						a contact and the contact that the contact and	in grün ärkit 1881
220 E. MAIN ST. P O BOX 250 BARTOW FL 33831 BARTOW FL 33831 US IIS						DO NOT WRITE IN THIS SPACE	
US US						3. Date Incorporated or Qualified	·
						10/27/1976	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Applied For
21		26				59-1697609	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					75 Additional
22		27				5, Certificate of Status Desired F	ee Required
City & Stat	e	City & State	City & State			6. Election Campaign Financing	.00 May Be
23		28					ded to Fees
Zip	Country	Zip		untry	,	8. This corporation owes or has pald the current ye	
24	25	[29]	30	- <b>y</b>		Personal Property Tax due June 30.	□ No
	g. Name and Address of Curr	ent Registered Agent		81	10. Name and Address of New Registered Agent Name		
11. Pursuant office or r	ugistereu agent, or bojn, in the Sja	ile of Morida. Such chande t	was authorize	an Di	e-named corp	poration submits this statement for the purpose of chang tion's board of directors. I hereby accept the appointment	Zip Code
agent. I a SIGNATURE	n) familiar with, and accept the obt	igations of, Section 607.050	5, Florida Sta	tute	S	,,	, a de legioteres
	Signature, typed or printed name of registered in	F FEB. 100 100 100 100 100 100 100 100 100 10		d Age	ont signature requir	red when reinstating) DATE	
12. TITLE		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRE	
	DPC	טוננונ	I			□ ch	ange 🔲 Addition
NAME	STUART, W H, JR		1.2 N/				
STREET ADDRESS	220 E MAIN ST				ADDRESS		
CITY-ST-ZIP	BARTOW, FL 00000			1.4 CITY-ST-ZIP			1-1-2
	I I DE COME DE	☐ DELETE				☐ Ch	ange 🔲 Addition
NAME	HINTON, BRIAN D.		2.2 N				
STREET ADDRESS	220 E. MAIN STREET				ADDRESS		
CITY-ST-ZIP TITLE	BARTOW FL	DELETE			ST- ZIP		
NAME		בַן זיננוונ			ļ	·· L. Un	ange 🔲 Addition
			3.2 N				
STREET ADDRESS					ADDRESS		

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 symplemental 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 receiver or trustee empropered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of or an attachment with an address.

4.1 TITLE

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

DELETE

DELETE

DELETE

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Brian D. Histor

2-24-98

F2E034 (10/97)

Change

☐ Addition

Addition

Addition

**FILED** 

Mar 02 1998 8:00am

Secretary of State