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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 537517

1. Corporation Name

POWDA AND FIFTEE CHAPTERED

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1.

FILED Jan 29 1998 8:00am Secretary of State

Principal Place of Business 413 ST JOHNS AVE. PO BOX 1888 PALATKA FL 2017-4724 22. Mailing Address 24. Mailing Address PALATKA FL 2017-4724 PALATKA FL 2017-4724 PALATKA FL 2017-4724 25. Principal Place of Business 26. A. FEI Number Suite, Apt. #, etc. Size City & State City & State Personal Property Tax due June 30 Personal Pro
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2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 2. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required 2. City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Personal Property Tax due June 30. Yes No Added to Fees 2. January Zip Zip Zip Zip Zip Personal Property Tax due June 30. Yes No 2. Street Address of Current Registered Agent 10. Name and Address of New Registered Agent 3. Table Address of New Registered Agent 10. Name and Address of New Registered Agent 413 ST. JOHNS AVE. PALATKA FL 32077 85 Zip Code 3. Street Address (P.O. Box Number is Not Acceptable) 3. Coefficies or registered agent, or both, in the State of Floyds Sudfi charge was authorized by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and adopting Address of Correct Registered Agent 1. Title 3. City Submits (P.O. Box Number is Not Acceptable) 3. Date Addition Applied Not Applie
2. Principal Place of Business 2. Mailing Address 4. FEI Number 5. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State City & State Country 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Certificate of Status Desired Fee Required Fee Required Registered Registered Registered Registered Agent Registered Agent FIELDS, ALAN B., JR. 413 ST. JOHNS AVE. PALATKA FL 32077 Registered agent, J am familiar with, and adoctor the obligations of Sections 607,0502 and 607,1508, Bacids Statutes, the above-anemed corporation submits this statement for the purpose of changing its registered agent, J am familiar with, and adoctor the obligations of Sections 607,0502 and 607,1508, Bacids Statutes, the above-anemed corporation submits this statement for the purpose of changing its registered agent, J am familiar with, and adoctor the obligations of Sections 607,0502 and 607,1508, Bacids Statutes, the above-anemed corporation submits this statement for the purpose of changing its registered agent, J am familiar with, and adoctor the obligations of Sections 607,0502 and 607,1508, Bacids Statutes, the above-anemed corporation submits this statement for the purpose of changing its registered agent, J am familiar with, and adoctor the obligations of Sections 607,0505, Florida Statutes. SIGNATURE Signature, hyper printed same of refusioned agont and title Replicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITIE PD NAME FIELDS, ALAN B. JR. 12. NAME FIELDS, ALAN B. JR. 13. STREET ADDRESS LACTIV-S1-2P PALATKA FL LACTIV-S1-2P L
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1771517 Non Applied For
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Zip Country Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. Yes No No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sequions 607.0502 and 607.1508, Elocida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of section 607.0505, Elocida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE 13. STREET ADDRESS 413 ST. JOHNS AVE. 13. STREET ADDRESS 13. STREET ADDRESS 413 ST. JOHNS AVE. 13. STREET ADDRESS 13. STREET ADDRESS 13. STREET ADDRESS 13. STREET ADDRESS 14. Addition 14. Addition 15. Addition 16. OFFICERS AND DIRECTORS 13. Addition 16. OFFICERS AND DIRECTORS 14. Addition 16. OFFICERS AND DIRECTORS 15. Addition 16. OFFICERS AND DIRECTORS 15. Addition 16. OFFICERS AND DIRECTORS 15. Addition 16. OFFICERS AND DIRECTORS 16. OF
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14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this approal report or supplemental approal report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an

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 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 or an attachment with an address.

SIGNATURE:

CLS /DE MEDICIPED

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