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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

NEW PINE RIDGE RD

OKEECHOBEE FL 34972

Suite, Apt. #, etc.

City & State

2. Principal Place of Business

HWY 70W

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Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 555867

(1)

Mailing Address

P O BOX 742

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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OKEECHOBEE FL 34973

PERRY SMITH AND SONS, INC.

Country

9. Name and Address of Current Registered Agent

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SMITH, C. PERRY

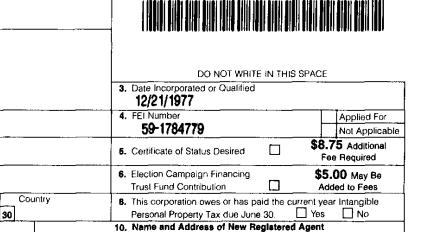
P.O.BOX 742

**HIGHWAY 70 WEST** 

OKEECHOBEE FL 33472

Jan 26 1998 8:00am Secretary of State

**FILED** 



Street Address (P.O. Box Number is Not Acceptable)

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, and accept the obligations of Section 607.0505. Florida Statutes

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SIGNATURE						
	Signature, typed or printed name of registered agent and title		Registered Agent signature requi			
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TITLE	PU	DELETE	1.1 TITLE	☐ Change	Addition	
NAME	SMITH, C. PERRY		12 NAME			
STREET ADDRESS	HIGHWAY 70 WEST BOX 742		1.3 STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE FL		1.4 CiTY - ST - ZIP			
TITLE	VO	☐ DELET <b>e</b>	2.1 TITLE	Change	Addition	
NAME	SMITH, DALE W.		2.2 NAME			
STREET ADDRESS	HWY 70 W, P O BOX 742		2.3 STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE FL		2 4 CHY-ST-ZIP			
TITLE	81	☐ DELET <b>e</b>	3.1 TITLE	Change	Addition	
NAME	SMITH, CAROLYN		3.2 NAME			
STREET ADDRESS	HIGHWAY 70 WEST BOX 742		3.3 STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE FL		3 4 CITY-ST-7IP			
TITLE		☐ DECETE	4.1 TITLE	Change	Addition	
NAME			4 2 NAME			
STREET ADDRESS	<u> </u>		4.3 STREFT ADDRESS			
CITY-ST-ZIP			4.4 CiTY - ST - ZiP			
TITLE		DELETE	5.1 TITLE	☐ Change	Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		DELET <b>E</b>	6.1 TITLE	☐ Change	Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY OT 74D			CADITY OF TIP			

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.

Block 12 or Block 13 if changed, or on an attachment with an address.

(Carolys Smith

R2E034 (10/97)