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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 20 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # 57555 NHITEHURST, JR., ATTORN	• •			### ### ### ### ### ###
Principal Place of Business Mailing Address					BIBIC BIBIC BIBIC BIBIC 1881
720 SNUG ISLAND CLEARWATER FL 34000 33767 US 720 SNUG ISL CLEARWATER US US		720 SNUG ISLAND CLEARWATER FL 3 <b>1620</b> US	33767	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
				06/12/1978	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1829830	Nol Applicable
Suite, Apl.	#, 8tC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζιρ	Country	8. This corporation owes or has paid the cur	rrent year Intangible
24	25	29	30		Yes No
	g. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registered	Agent
WHITEHURST, LEON JR 720 SNUG ISLAND CLEARWATER FL 3469\$ 33767				dress (P.O. Box Number is Not Acceptable)	:
			84 City	FL	85 Zip Code
SIGNATURE	Signature, typed or printed name of registered age		Idrida Statules. It: Registered Agent signature requ	poration submits this statement for the purpose of allon's board of directors. I hereby accept the appured when reinstating)  DATE  ADDITIONS/CHANGES 10 OFFICERS AND	
12.	PD	DELETE	1.1 117LE	ADDITIONS/OFFANGES TO OFF ICERS AND	Change Addition
NAME	WHITEHURST, LEON JR		1,2 NAME		_ • _
STREET ADDRESS	720 SNUG ISLAND		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33767		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WHITEHURST, LEON JR		2.2 NAME		
STREET ADDRESS	720 SNUG ISLAND		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33767	The Are	2. 4 CHY-ST-ZIP		Change 4.449'
TITLE		☐ DELETE	3.1 TITLE		Change  Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		L occent	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	<del>,</del>	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP			5.4 C/TY - ST - Z/P		
TITLE		☐ DELETE	6.1 TITL€		☐ Change ☐ Addition
NAME			6.2 NAME		İ
STREET ADDRESS	1		6.3 STREET ADDRESS		

64 CITY-ST-ZIP

14. I horeby 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attactment with an address. Jan 5, 1998 (813)446-7939