

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

FILED  
Jan 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 598458 (8)  
1. Corporation Name  
FOSTER, INC.

Principal Place of Business  
5751 E. SILVER SPRGS BLVD  
P. O. BOX 156  
SILVER SPRINGS FL 34489  
US

Mailing Address  
5751 E. SILVER SPRGS BLVD  
P. O. BOX 156  
SILVER SPRINGS FL 34489  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/29/1978

4. FEI Number  
59-1867862

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent  
DOZIER, G. SHEPERD  
9 NE FIRST AVE.  
OCALA, FL MH 34470

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	FOSTER, E. L. JR.	1.2 NAME	
STREET ADDRESS	4509 N.E. 6TH ST.	1.3 STREET ADDRESS	2025 S. E. 12th St.
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Ocala, FL. 34471
TITLE	D	2.1 TITLE	
NAME	FOSTER, JOSEPHINE	2.2 NAME	
STREET ADDRESS	4509 N.E. 6TH ST.	2.3 STREET ADDRESS	2025 S. E. 12th St.
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Ocala, FL. 34471
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

*Josephine Foster* 1/16/98 2:57 PM

CR2E034 (10/97)