

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

FILED
Mar 10 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. McRham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 607040 (3)
 1. Corporation Name
MCRAE FLA. ENTERPRISES, INC.

| | |
|--|--|
| Principal Place of Business RR 5030 - CR 214 KEYSTONE HEIGHTS FL 32656 | Mailing Address RR 5030 - CR 214 KEYSTONE HEIGHTS FL 32656 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|-----------------------|---------------------|-----------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 Suite, Apt #, etc. | 26 Suite, Apt #, etc. | 27 City & State | 28 City & State |
| 22 City & State | 23 Zip | 25 Country | 29 Zip |
| 24 | 25 | 29 | 30 Country |

| | |
|---|--|
| 3. Date Incorporated or Qualified 01/01/1979 | |
| 4. FEI Number 59-1905217 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
HALL, ANTHO M.
RR 5030 - CR 214
KEYSTONE HEIGHTS FL 32656

10. Name and Address of New Registered Agent
 81 Name
KIRKLAND, NANCY
 82 Street Address (P.O. Box Number is Not Acceptable)
RR 5030 - CR 214
 83
 84 City
KEYSTONE HEIGHTS FL 85 Zip Code
32656

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 *Nancy Kirkland* **NANCY KIRKLAND** **2-21-98**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | PST | <input checked="" type="checkbox"/> DELETE |
| NAME | HALL, ANTHO M. | |
| STREET ADDRESS | RR 5030 - CR 214 | |
| CITY-ST-ZIP | KEYSTONE HGHTS FL | |
| TITLE | PST | <input checked="" type="checkbox"/> DELETE |
| NAME | HALL, ANTHO M. | |
| STREET ADDRESS | RR 5030 - CR 214 | |
| CITY-ST-ZIP | KEYSTONE HGHTS FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | KIRKLAND, NANCY | |
| STREET ADDRESS | P O BOX 681 | |
| CITY-ST-ZIP | KEYSTONE HGHTS FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | PST |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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: *Nancy Kirkland* **Nancy Kirkland** **1-9-98** **352-473-4634**

CR2E034 (10/97)