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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 608907

(2)

ODIS V. MOOTY ENTERPRISES, INC.

## FILED Feb 27 1998 8:00am Secretary of State

10073 CLARCOM COOEE ROAD APOPKA FL \$2700  APOPKA FL \$2700  DO NOT WRITE INTHIS SPACE  3. Date incorporated or Qualified Q2/05/1979  4. Fit Number Q2/05/1979  Suite, Apl #, etc. 22. Meiling Address Suite, Apl #, etc. 23. Date incorporated or Qualified Q2/05/1979  4. Fit Number Suite, Apl #, etc. 25. Suite, Apl #, etc. 27. City & State City & State 28. Country 29. Country 29. Country 29. Suite 29. Suite 20. Country 29. Suite 20. Suite						
APOPKA FL 32703  APOPKA	Principal Place of Business Mailing Address				r immern meine diete idere iden deber ider bider At	311 01511 01011 01011 E1011 1091
2. Principal Place of Business   2a					DO NOT WRITE IN THIS	S SPACE
2. Principal Place of Business   2.6 Mailing Address   4. FEL Number   Applied For   21 Suite, April #, etc.   25 Suite, April #, etc.   27 Suite, A						701700
2. Mailing Address   2e. Mailing Address   4. FEI Number   Applied For S9-1809 103   Foot Applicable   Suite, April #, etc.   27   Suite, April #, etc.   28   Suite, April #, etc.   27   Suite, April #, etc.   28   Suite, April #, etc.   27   Suite, April #, etc.   28   Suite, April #, etc.   27   Suite, April #, etc.   27   Suite, April #, etc.   28   Suite, April #, etc.   28   Suite, April #, etc.   29   Suite, Apri						
Suite, Apil #, etc.	2. Principal P	lace of Business	2a. Mailing Address			Applied For
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City & State			Suite, Apt. #, etc			\$8.75 Additional
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24	23					
MOOTY, ODIS V JR MOOTY, ODIS V JR MOOTY, ODIS V JR SIREET ADDRESS M SIRET		<del>}</del> ₁ ′	}₁ '	<u>├</u>		_ ' _ '
MOOTY, DELORES M 10073 CLARCONA OCOEE ROAD APOPKA FL 32703  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.05:02 and 607.15:06, 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 Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent if an familiar with, and accept the obligations of, Section 607.05:05, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent an familiar with, and accept the obligations of, Section 607.05:05, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and familiar with, and accept the obligations of, Section 607.05:05, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and familiar with, and accept the obligations of, Section 607.05:05, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and familiar with, and accept the obligations of, Section 607.05:05, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent and familiar with a property of the appointment as registered agent agent agent and familiar with a statutes. The appointment as registered agent a	24			[30]		
11. Pursuant to the provisions of Sociens 607.0502 and 607 1508, Florida Statutes.  11. Pursuant to the provisions of Sociens 607.0502 and 607 1508, Florida Statutes used 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 obligations of Sociens 607.0505, Florida Statutes.  11. Pursuant to the provisions of Sociens 607.0502 and 607 1508, Florida Statutes with a formal signal 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 or maintain with, and accept the obligations of Sociens 607 05.05, Florida Statutes.  12. Of LICE RS AND DIRE CLORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. DIRECTORS AND DIRECTORS IN 12  15. NAME  MOOTY, ODIS V  16. DILETE  17. NAME  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. NAME  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. NAME  19. DILETE  19. Change Addition  NAME  MOOTY, ODIS V JR  10. STREET ADDRESS  10073 CLARCONA OCOEE RD.  APOPKA FL  10073 CLARCONA OCOEE RD.  32 SIRRET ADDRESS  10074 CLARCONA OCOEE RD.  33 SIRRET ADDRESS  10075 CLARCONA OCOEE RD.  33 SIRRET ADDRESS  10077 CLARCONA OCOEE RD.  41 TITLE  10073 CLARCONA OCOEE RD.  APOPKA FL  10074 Change Addition  NAME  10075 CLARCONA OCOEE RD.  41 TITLE  1076 Change Addition  1077 Change Addition	140		r riogister ou Agent	B1 Name	IV. Harrie and Address of New Registerer	Agoni
### APOPKA FL 32703  ### City						
Bas   City   FL   Bas   Zip Code				B2 Street Ac	ddress (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 agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature   S	AFOITO TE GETOS			83	Total Principle Control of the Contr	
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 agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature   S				84 00		
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 am familiar with, and accept the obligations of, Section 607.05.05, Florida Statules.  SIGNATURE    Signature   Signature light of profect name of Fig. 5the Edgent and the diagnaturable.   (NOTE, Registered Agent signature required when renatising)   DATE				84 City	F	B5 Zip Code
SIGNATURE   Signat	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 region of the purpose of changing its region of the purpose of the purpose of changing its region of the purpose of the purpose of changing its region of the purpose of					
12.	agent I a	m familiar with, and accept the obligat	tions of, Section 607.050	5, Florida Statutes.	indicate board of oncocord. Thoroby dooops the ap	pominoni da registered
12.	SIGNATURE	<u> </u>				
TITLE	12					ID DIRECTORS IN 12
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NAME	CITY-ST-ZIP	APOPKA, FL 00000		1.4 CiTY-ST-ZIP		
STREET ADDRESS   10073 CLARCONA OCOEE RD.   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP	<del></del>		DELETE			Change Addition
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TITLE         STD         DELETE         31 TITLE         Change         Addition           NAME         MOOTY, DELORES M         3.2 NAME         3.2 NAME         3.2 NAME         3.3 STREET ADDRESS         4.2 TITLE         10073 CLARCONA OCOEE RD.         3.3 STREET ADDRESS         3.4 CITY-ST-ZIP         3.4 CITY-ST-ZIP         10073 CLARCONA OCOEE RD.         10073 C	STREET ADDRESS		).	2.3 STREET ADDRESS		
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NAME 5.2 NAME	1			**********		
STREET ADDRESS 5.3 STREET ADDRESS						ļ

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 on an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

6.1 TITLE

6.2 NAME

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CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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V. Mosti

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407-656-8148

Change

☐ Addition

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