## 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 # 630870

(4)

**ELKINGTON & ASSOCIATES, INC.** 

FILED									
Apr 13 1998 8:00am									
Secretary of State									

|--|--|--|--|--|

Principal Place of Business Mailing Address			i ifinien mirne tiftis fenet ibiti inffti er		18(1 8(8(1 1881		
22415 KINGS		22415 KINGSLEY LN					
I LAND O'LAKE US	ES FL 33539	LAND O'LAKES FL 33539 US			DO NOT WRITE	E IN THIS SPACE	
]		00			3. Date Incorporated or Qualified		
l					07/26/1979		
	Place of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number		Applied For
21		26		. <u> </u>	59-1980624	<del></del>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional
22		City P. Ciple					Required
City & State City & State 28			Election Campaign Financing     Trust Fund Contribution		May Be		
Zip	Country	28 Zip	Countr	······································	8. This corporation owes or has p		
24	25	<u> </u>	30	•	Personal Property Tax due Juni		□ No
	9. Name and Address of Currer	·			10. Name and Address of New R		
BEI	RTOCH, CARL A		81	Name			
	). BOX 3106		82	Street Add	ress (P.O. Box Number is Not Accepta	ble)	
	THOMASVILLE RD		L	Oli Oct / IGE			
TAL	LLAHASSEE FL 32303		83				
			84	City		85 Zi	p Code
						FL	
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State on familiar with, and account be oblice.	02 and 607.1508, Florida Statutes of Florida Such change was au ations of Section 607.0505, Flor	s, the abov ithorized by ida Statule	e-named corp y the corporal s	poration submits this statement for the tion's board of directors. I hereby acception	purpose of changing pt the appointment a	g its registered as registered
SIGNATURE							
12.	Signature, typed or printed name of registered age OFFICERS AN	ID DIRECTORS	13.	em signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTO	OBS IN 12
TITLE	PTD	DELETE	1.1 TITLE		ADDITIONAÇO MINACO TO OTT	☐ Change	
NAME	ELKINGTON, BOBBIE D	_	1.2 NAME	l l			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
STREET ADDRESS	1073 KINGSLEY DR			T ADDRESS			
CITY-ST-ZIP	LAND O LAKES, FL 00000		1.4 CITY-5	ļ			
TITLE	VD	☐ DELETE	2.1 TITLE			Change	e Addition
NAME	ELKINGTON, DONALD JR		2.2 NAME				
STREET ADDRESS	22415 KINGSLEY LN		2.3 STREET	T ADDRESS			
C(TY-ST-ZIP	LAND O'LAKES FL		2 4 CITY-	ST-ZIP			
TITLE	}	DELETE	3.1 TITLE	-		Change	e
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	r address			
CITY-S1-ZIP			3.4. CITY~	ST-ZIP			
TITLE		DELETE	4.1 TITLE			Change	e 🔲 Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	ST-ZIP			
TITLE		[]] DELETE	5.1 TITLE			Change	e 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	1			
CITY-ST-ZIP		T pricted	5.4 CITY - S	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		Addite
TITLE		☐ DELETE	61 TITLE	ļ		☐ Change	e Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET				1
CITY-ST-ZIP	partify that the information equalized	of the filing does not available	6.4 CITY - S		Section 119.07(3)(i), Florida Statutes.	further positive that a	ho information
indicated	Jermy trial trio imprination supplied w	aut this ming does not quality for	пе вхетр	mort stated in	Section 119.07(3)(1), Florida Statutes.	Toruler Certify Mail (	ne allomiation

al 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 eiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in chinent with an address. indicated on this annual report or supplemental annual ro officer or director of the corporation of the receiver or true Block 12 or Block 13 if changed of an annual changent wij