## 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

OCUMENT #

ncipal Place of Business	Mailing Address	
5350 CAPITAL CIRCLE MV TALLAHASSEE FL 32303	5350 CAPITAL CIRCLE NW TALLAHASSEE FL 32303	
<b>~</b> '	2a. Mailing Address	
2. Principal Place of Business  Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	
]	26]	

## **FILED** Mar 09 1998 8:00am Secretary of State

LAWS(	L CIRCLE NW	` '		DO NOT WRITE IN THE	
2. Principal P	lace of Business	2a. Mailing Address		08/23/1979 4. FEI Number	Applied For
21		26		59-2033626	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8,75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28	Country	Trust Fund Contribution	Added to Fees
Zip 24	25	Zφ   <b>29</b>	30	<ol> <li>This corporation owes or has paid the c Personal Property Tax due June 30.</li> </ol>	current year Intangible
	9. Name and Address of Curre			10. Name and Address of New Registere	
	wson, O.Z., Jr.		61 Name		
5350 CAPITAL CIRCLE NW TALLAHASSEE FL 32303		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
ļ '^	LLATINGGEE FL 32303		83		
			84 City		. 85 Zip Code
44.5				reporetion submits this statement for the purpose	L 🗀 🗀
SIGNATURE	Signature, typed or printed name of respirituding		authorized by the corporational Statutes.  Registered Agent signature req	ation's board of directors. I hereby accept the apured when reinstating)  DATE ADDITIONS/CHANGES TO OFFICERS AT	
TITLE	P	DELETE	1.1 TITLE	ADDITIONS/OFFARGES TO OFFICERS AF	Change Addition
NAME	LAWSON, O.Z., JR.		1.2 NAME		
STREET ADDRESS	5350 CAPITAL CIRCLE NW		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	DELETE	1.4 City-St-ZiP		☐ Change ☐ Addition
TITLE NAME		C. J Dittell	2.1 TITLE 2.2 NAME		C) Oldinge C) Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	, c <u>\$</u>	
TITLE		☐ DELETE	3.1 TALE		☐ Change ☐ Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CHY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME		Land White I had	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS			0.3 STREET ADDRESS		

14. Thereby certify that the information supplied with this filing does indicated on this ennual report or supplemental annual report is officer or director of the corporation or the receiver or trustee fill Block 12 or Block 13 if changed, or on an attachment with an armonic process. builfy for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is accurate and that my signature shall have the same legal effect as if made under oath; that I am an red to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

**SIGNATURE:** 

(850) 362 -4111