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

101

FILED Apr 17 1998 8:00am Secretary of State

C. WE	SLEY WARD, INC.	6 (0)			
, ,	e of Business	Mailing Address		Transfer and annual desired and a still desired and	Eur Arbrit Giffri Breit Bleif (156)
C'WESLEY V 3531 US 27	MARD INC SO SHITE D	WESLEY WARD 1310 HYD EE S			
SEBRING FC	39870	SEBRING FL 33872-5725		DO NOT WRITE IN THIS	SPACE
US C		U\$		3. Date Incorporated or Qualified 03/18/1980	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 /3//	HYDEE St	26		59-1971878	Not Applicable
Suite, Apt.	bridg, El	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	_ Country	Zip	Country	8. This corporation owes or has paid the c	
24 33%	72 25 116D	29	30	Personal Property Tax due June 30.	Yes No
		nt Registered Agent		10. Name and Address of New Registered	Agent
WARD, WESLEY C					
	10 HYDEE STREET BRING FL 33872		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
			83		·
: "	:				
			84 City	FI	85 Zip Code
SIGNATURE "	- XXX 20 000 1150			ocration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
12.		ont and the if applicable (NOTI D DIRECTORS	L. Registered Agent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 40
TITLE	P	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	WARD, C. WESLEY		1.2 NAME		
STREET ADDRESS	1310 HYDEE RT.		1.3 STREET ADDRESS		,
CITY-ST-ZIP	SEBRING FL 33872		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		T perese	2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME Street Address			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		İ
TITLE		☐ DELE TE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELET E	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	_	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ertify that the information supplied w	ith this filing does not qualify fo	6.4 CITY-ST-ZIP	Section 119.07(3)(i). Florida Statutes. I further of	artifuthat the information

indicated on this annual report or supplied with this limit does not quality for the exemption stated in 1907(3)(1). 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.