
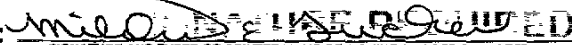


FILED


Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 675221		(6)			
1. Corporation Name ORANGE STATE ELECTRIC INC.					
Principal Place of Business % MILDRED TUCKER 1158 COLLEGE DRIVE ORANGE PARK FL 32065 US			Mailing Address P O BOX 67 DOCTORS INLET FL 32030 US		
2. Principal Place of Business		2a. Mailing Address			
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			
22 City & State		27 City & State			
23 Zip		25 Country		28 Zip	
24		29		30 Country	
g. Name and Address of Current Registered Agent					
TUCKER, DOYLE C. 1954 OLD TRAIL ROAD DOCTORS INLET FL 32030				81 Name	
				82 Street Address	
				83	
				84 City	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation or office or registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)			
12. OFFICERS AND DIRECTORS					
TITLE		VTD		<input type="checkbox"/> DELETE	
NAME		TUCKER, MILDRED E			
STREET ADDRESS		1954 OLD TRAIL ROAD			
CITY - ST - ZIP		DRS INLET, FL 32030			
TITLE		PD		<input type="checkbox"/> DELETE	
NAME		TUCKER, DOYLE C			
STREET ADDRESS		1954 OLD TRAIL ROAD			
CITY - ST - ZIP		DRS INLET, FL 32030			
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					
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13.					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE					
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 607.0505, Florida Statutes, indicated on this annual report or supplemental annual report is true and accurate and that my signature as officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

DO NOT WRITE IN THIS SPACE		
3. Date Incorporated or Qualified 06/26/1980		
4. FEI Number 59-2012721		<input type="checkbox"/> Applied For <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
10. Name and Address of New Registered Agent		
(P.O. Box Number is Not Acceptable)		
FL 85 Zip Code		corporation submits this statement for the purpose of changing its registered agent on its board of directors. I hereby accept the appointment as registered agent.
DATE 5/13/98		(When reinstating)
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		
Section 119.07(3)(i), Florida Statutes. I further certify that the information furnished herein shall have the same legal effect as if made under oath; that I am an authorized officer of the corporation; and that my name appears in the corporation's records.		
Date 5/13/98		Daytime Phone # 2763833

CF2E034 (10/97)

DOCUMENT # P95000060017 (7)	
1. Corporation Name	
AVENUES EAST, INC.	
Principal Place of Business	Mailing Address
411 FIRST ST SOUTH JACKSONVILLE BEACH FL 32250 US	411 FIRST ST. SOUTH JACKSONVILLE BEACH FL 32250 US

A standard 1D barcode with vertical black bars of varying widths on a white background.

DO NOT WRITE IN THIS SPACE