FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

751185

(0)

FILED									
Feb	11	1998	8:00am						
Se	ecre	etary o	of State						

HIS W	ORD, INC.						
Principal Plac	e of Business	Mailing Address			i radisi rater dires indeli Mear reser dire	1011 Etáir Bláir eiáil ei	IDII BIBLI TÜÜL
\$21 E. CHESTNUT P.O. BOX 816 CRESTVIEW FL 32536 US P.O. BOX 816 CRESTVIEW FL 32536 US				3. Date Incorporated or Qualified 02/22/1980 4. FET Number	1 10	oplied For	
1					59-3234917	 	ot Applicable
2. Principal P	Principal Place of Business 2a. Mailing Address 26				5. Certificate of Status Desired		Additional equired
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00	May Be
City & Stat	27				Trust Fund Contribution 7. Is this nonprofit corporation a homeo		
23		28			7. Is this nonprofit corporation a normed		nr
Zip	Country	Zip	Country	у	8. This corporation owes or has paid th		
24	25 25 29. Name and Address of Cu	1	30		Personal Property Tax due June 30. 10. Name and Address of New Regist	ered Agent	□ No
			81	Name			
WILSON	I, RAY HESTNUT AVE		82	Street Ade	dress (P.O. Box Number is Not Acceptable)		<u></u>
	/IEW FL 32536		83				
			84	City		- 85 Zip	Code
44 Durament	to the provisions of Continue 617	DEDO and 647 4500 Florido Ctotuto	o the show	named so	rporation submits this statement for the purpo	FL Department	to rogistered
office or r agent. La SIGNATURE	egistered agent, or both, in the S m familiar with, and accept the ol Signature, typed or printed name of registere	ate of Florida Such change was a bligations of, Section 617.0503, Flo	uthorized b rida Statute	y the corpora s.	ation's board of directors. I hereby accept the	e appointment as	registered
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D D	☐ DELETE	1.1 TITLE	Ì		☐ Change	Addition
NAME	WILSON, RAY		1.2 NAME				
STREET ADDRESS	921 E CHESTNUT AVE		1	T ADDRESS			
CITY-ST-ZIP TITLE	CRESTVIEW FL	☐ DELETE	1.4 CITY -	ST-ZIP		Change	Addition
NAME	ELLIS, DAVID E	□ otten	2.2 NAME				L.J Podition
STREET ADDRESS	2942 NE SECOND AVENU	E		T ADDRESS	<u>.</u> 5 · 4		
CITY-ST-ZIP	CRESTVIEW F	•	2.4 CITY-				
TITLE	D	DELETE	3.1 TITLE	31-211		Change	Addition
NAME	ULRICH, ALBERT E		3.2 NAME			.— •	•
STREET ADDRESS	2938 BARTON ROAD		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	CRESTVIEW FL 32536		3.4. CITY-	1			
TITLE		DELETE	4.1 TITLE	<u> </u>		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME	Ì			
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TATLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME	Ì			
STREET ADDRESS			E 2 CTDEE	T ADDRESS			

14. I hereby 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 617, Florida Statutes; and that my name eppears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY - ST - ZIP

SIGNATURE: