## 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

**FILED** Apr 30 1998 8:00am Secretary of State

1. Corporation		# 82646` Erating Compan		(6)					
Principal Place of Business				Mailing Address			1 100101 10110 (1010 01111 61010 0110( 1101 6101)	(BI) BIB11 BIB11 BIB	10 <b>240</b> 81 1 <b>0 01</b>
2212 B STREET				2212 B STREET					
MERIDIAN M	S 39301		MERIDI	AN MS 39301			50 107 110775 11171	WA BEAGE	
							DO NOT WRITE IN TH  3. Date Incorporated or Qualified	IS SPACE	
							07/16/1971		
2. Principal P	Place of Busin	ness	2a. Maili	2a. Mailing Address			4. FEI Number		pplied For
21			26	26			64-0505176	<del> </del>	ot Applicable
Suite, Apt.	#, etc		Suite	e, Apt. #, etc.					Additional
22			27				5. Certificate of Status Desired	Fee R	equired
City & Stat	e		City	City & State			6. Election Campaign Financing	\$5.00	May Be
23			28				Trust Fund Contribution Added to Fees		
Zip	Country			Zip Country			8. This corporation owes or has paid the current year Intangible		
25 29 9. Name and Address of Current Registered Agent					30		Personal Property Tax due June 30.  10. Name and Address of New Registere		11/0%
PA	MEY, ALLA	<del></del>	gistorea	Agont	81	Name	TO. Haine and Address of New Negistere	o Agent	
ONE CIRCLE DRIVE.									
DEFUNIAK SPRINGS FL 32433					62	Street Add	ress (P.O. Box Number is Not Acceptable)		
TE OF THE OF THE					83				
					ļ				
					84	City	F	L 85 Zip	Code
11. Pursuant	to the provis	ions of Sections 607,050	2 and 607.150	08, Florida Statu	tes, the above	e-named cor	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing i	ts registered
agent. I a	egistered ag m f <b>am</b> iliar wi	pent, or both, in the State th, and accept the oblig	of Horida, Su ations of, Sect	ch charige was lion 607.05 <b>0</b> 5, Fl	authorized by Iorida Statutes	the corpora i.	tion's board of directors. I hereby accept the a	ppointment as	registered
SIGNATURE									
40	Signature, typed	or printed name of registered age	·			nt signature requ	ired when reinstating) DATE		
12.	CPD	OFFICERS AN	DIMEGIORS	DELETÉ	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR Change	RS IN 12 Addition
NAME	BROANITAD BALL			12 NAME		İ		LJ Change	L Addition
STREET ADDRESS 2212 B STREET						ADDOCCO			
CITY-ST-ZIP MERIDIAN MS				1.3 STREET ADDRESS 1.4 City-St-Zip					
TITLE	D			DELETE	2.1 TITLE	1-214		Change	Addition
NAME	BROADH	iead, sherry M.		_	2.2 NAME				
STREET ADDRESS	<b>22</b> 12-B \$	STREET			2.3 STREET	ADDRESS			İ
CITY-ST-ZIP	F-ZIP MERIDIAN MS				2. 4 CITY - S	T- 71P			
TITLE	VSTD			DELETE	3.1 TITLE			Change	Addition
NAME		TON, ANGELIA T.			3.2 NAME	ļ		-	ŀ
STREET ADDRESS	2212 B 3	STREET			3.3 STREET	ADDRESS			
CITY-ST-ZIP	MERIDIA	N MS			3.4. CITY-S	T-ZIP			
TITLE				DELETE	41 TITLE			Change	Addition
NAME					4. 2 NAME	Ì			
STREET ADDRESS					4.3 STREET	address			
CITY-ST-ZIP					4.4 CITY - ST	- 7iP	· · · · · · · · · · · · · · · · · · ·		
TITLE				DELETE	5.1 TITLE			Change	☐ Addition
NAME					5.2 NAME				
STREET ADDRESS					5.3 STREET				
CITY-ST-ZIP				DELETE	5.4 CITY-ST	- ZIP		T 1 05	A A Property
TITLE				☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
STREET ADDRESS					6.2 NAME	*DDDECC			
					6.3 STREET				
CITY-ST-ZIP					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 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 607, Florida Statutes, and that my name appears in Block 13 if changed or on an attachment with pay address.

4/24/98 601-693-0602