

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 12 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 # **F08090** (5)  
1. Corporation Name  
**S & S ENTERPRISES ASSOCIATES, INC.**



Principal Place of Business  
**P.O. BOX 458  
LOT 9 FOREST PARK  
BRONSON FL 32621  
US**

Mailing Address  
**P.O. BOX 458  
LOT 9 FOREST PARK  
BRONSON FL 32621  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>410 Hwy 24 West</b> Suite, Apt. #, etc. 22 City & State 23 <b>Archer FL</b> Zip 24 <b>32618</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>PO Box 758</b> Suite, Apt. #, etc. 27 City & State 28 <b>Archer FL</b> Zip 29 <b>32618</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>12/01/1980</b>	
		4. FEI Number <b>59-2056245</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> 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 type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>MCDavid, William 1824 NW 8TH ST GAINESVILLE FL 32601</b>				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				<b>FL</b> 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as 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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SMITH, MARGARET E.</b>		1.2 NAME		
STREET ADDRESS	<b>LOT 9 FOREST PARK</b>		1.3 STREET ADDRESS	<b>410 Hwy. 24 West</b>	
CITY-ST-ZIP	<b>BRONSON FL</b>		1.4 CITY-ST-ZIP	<b>Archer, FL 32618</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SMITH, RAY D.</b>		2.2 NAME		
STREET ADDRESS	<b>LOT 9 FOREST PARK</b>		2.3 STREET ADDRESS	<b>410 Hwy 24 West</b>	
CITY-ST-ZIP	<b>BRONSON FL</b>		2.4 CITY-ST-ZIP	<b>Archer, FL 32618</b>	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Margaret Smith** **Margaret Smith** **2-4-98** **352 495 3000**

CR2E034 (10/97)