## 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

F93000005701 (8) DOCUMENT #

FASTLINE PUBLICATIONS, INC.

## **FILED** May 08 1998 8:00am Secretary of State



4/20/00 /500) 200 0146

Principal Place of Business Mailing Address								
4900 FOX RU		4900 FOX RUN RD.						
<b>BUCKNER</b> KY	40010	BUCKNER KY 40010			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified		
						12/16/1993		
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number	Aŗ	plied For
21		26 P O Box 248				61-0990596		ot Applicable
Suite, Apt.	#, <b>e</b> tc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	
22		27	City & State				-	bequired
City & State	<b>∌</b>					6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip	Country	28 Buckner, Ky Z(p) Country				8. This corporation owes or has paid the ci		
24	25	_ <del> </del>	<b>├</b> —¬			Personal Property Tax due June 30.	_ ′ _	] No
-	9. Name and Address of Curren	it Registered Agent	<u></u>	מבנו	<b>.</b>	10. Name and Address of New Registered	Ágent	
C T	CORPORATION SYSTEM			81	Name		_	
1200 <b>\$</b> OUTH PINE ISLAND RD.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		<del></del>
PL/						<del></del>		
				83				
				84	City	Fi	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 registers a agent and tibe if applicable (NOTE: Regi					nt signature require	od when reinstating) DATE		
12.	OFFICERS AND	D DIRECTORS  DELETE	13.		· · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR  Change	RS IN 12 Addition
TITLE	HOWARD, WILLIAM	[1] OCTER		1.1 TITLE 1.2 NAME 1.3 STREE! ADDRESS			Citarile	L AUGMON
NAME ATTECT ADDRESS	4900 FOX RUN RD.							
STREET ADDRESS	BUCKNER KY 40010		1.4 C					
CITY-ST-ZIP TITLE	SD DELETE			TLE	1-211		Change	Addition (
NAME	HOWARD, MARY	22		2.2 NAME 2.3 STREET ADDRESS				
STREET ADDRESS	4900 FOX RUN RD.							
CITY-ST-ZIP	BUCKNER KY 40010		2.4 C		I			
TITLE	DELETE			3.1 TITLE		(,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4	Change	Addition
NAME	<b>PRUCE CALLAM, JR.</b>	3.2 N		<b>AME</b>				
STREET ADDRESS	7205 INLAND CT		3.3 ST	3.3 STREET ADDRESS				
CITY-ST-ZIP	GEORGETOWN IN		3.4. CITY-ST-ZIP		iT - ZIP			
TITLE	DELETE 4		4.1 TII	TLE			Change	Addition
NAME	I ·		4. 2 N	4. 2 NAME				
STREET ADDRESS	4.3		4.3 ST	REET	ADDRESS			
CITY-ST-ZIP				TY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME	5.2		5.2 NA		1			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				fY-S	T-ZIP		Change	Addition
TITLE		☐ DELETE	6.1 TIT				☐ Change	L. Addition
NAME			6.2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			6.4 CI	TY-S	1-ZIP	Continue \$40 07(2)(i) Florida Statistas I further		- Citana at an

I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 this 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.