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

PROFIT CORPORATION ANNUAL REPORT 1998 Secretary of State Division of Corporations FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations Apr 21 1998 8:00am Secretary of State

1990 Bivision of controllations								J			
DOCUMENT # F9400005517 (7) PALMERS INVESTMENT CORPORATION											
	·-··							1 AUGUSTO SULO FOLICO ALBERT DO LO CORTO DE EST		<u> </u>	
Principal Place of Business Mailing Address								C MERCON COLO DELLA BIONI DELLA BENTA BENTA		15 1984 1887	
P.O. BOX 2468 LARGO FL 34649				P.O. BOX 2468 LARGO FL 34649			ļ	DO NOT WRITE IN TH	HIS SPACE		
i								 Date Incorporated or Qualified 10/24/1994 			
2. Principal Place of Business			2	2a. Mailing Address				4, FEI Number	F	oplied For	
Suite Apt #, etc.			Suite, Apt. #, etc.				59-3269996		ot Applicable		
22				27				5. Certificate of Status Desired	\$8.75 .	Additional equired	
22	City & State		City & State				6. Election Campaign Financing		May Be		
23	.,	28				Trust Fund Contribution				to Fees	
	Zip	Country		Zip Country				B. This corporation owes or has paid the	current year Int	tangible	
24		25	21		30			Personal Property Tax due June 30.] No	
		9. Name and Address	of Current Reg	stered Agent				10. Name and Address of New Register	ed Agent		
	WO	lfe, larry			B1	Name	l				
200-A JOHN KNOX ROAD						Street	Addres	ddress (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32303-8843					ļ						
				83							
					84	City			85 Zip	Code	
44 Durawant to the gravinians of Continen EO7 0503 and 607 1509 Elegida Statutes						(a.pamod	d corpor			te registered	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authori, agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida S 						y the cor	rporation	n's board of directors. I hereby accept the	appointment as	registered	
SIGNATURE Signature, typed or printed name of rugistered agent and title if applicable (NOTE: Registered Agent signature)							e required v	when reinstating) DAT	E		
12		OFFICERS AND D				13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE		VS		☐ DELETE		1.1 TITLE			🔀 Change	Addition	
NAME		PALMER, WILLIAM R		1.2		1.2 NAME		NER, William K. 3 WALDENS CREEK Rd			
STREET ADDRESS		11874 94TH AVE N				1.3 STREET ADDRESS		3 WALLERS CREEKED		į	
CITY-ST-ZIP		SEMINOLE FL		201525				IEAVILLE, TN 37862	177.0		
TITLE		V		☐ DELETE	2.1 TITLE				Change	Addition	
NAME		PALMER, MARJORIE				2.2 NAME				1	
STREET ADDRESS		11874 94TH AVENUE NO. SEMINOLE FL				2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
CITY - ST - ZIP TITLE		D DEMINUTE LE		☐ DELETE		31 TIFLE		<u> </u>	Change	Addition	
		ROBERT C PALMER		···		2211115		Est O PALMER	Jag Stange		
STREET ADDRESS		***************				3.3 STREET ADDRESS /0		65 Ulmenton Rd # 207		l	
C/TY-ST-ZIP		LARGO FL				3.4 CITY-ST-ZIP		60, Fl 33771		l	
TIT		<u> </u>		DELETE	4.1 31TLE				Change	☐ Addition	
NAI	ME	PALMER, EUGENIA			4. 2 NAME	:				ĺ	
STREET ADDRESS		I			4.3 STREE	4.3 STREET ADDRESS					
CITY - ST - ZIP		LARGO FL 34641			4.4 CITY - ST - ZIP						
TITLE		· · · · · · · · · · · · · · · · · · ·		☐ DELETE	S.1 TITLE				Change	Addition	
NAI	ME				5.2 NAME		1			ŀ	
	REET ADDRESS					1 ADDRESS	1				
	Y-\$1-ZIP			The sec	5.4 CITY -	ST-ZIP	 		T 05	A state - a	
TITLE				☐ DELETE	6.1 TITLE				L Change	Addition	
NAI					6.2 NAME]				
	REET ADDRESS					T ADDRESS	1			}	
	Y-ST-ZIP	artify that the information	supplied with thi	is filing does not qualify t	6.4 CITY-		led in Se	ection 119 07/3Vi) Florida Statutes furthe	r certifu that the	information	

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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: (

MONATURE MOST YPED ON PRINTED NAME OF SIGN

ENGENIA PALMER

4/14/81

813-566-4230

FILED