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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	JAL REPO	RT 🧗			ry of State	Secre	Secretary of State	
	1 <b>9</b> 98		D D		CORPORATIONS		reary or sear	
DOCU 1. Corporation		# G382	200	(3)				
	ONTRACTIN	IG INC.		• •				
						1 (1811) 1 (1811) 1 (1811) 1 (1811)	<u> </u>	
5777								
Principal Place of Business 3051 NE 140 AVE.		Mailing Add SAME	ross					
WILLISTON FL 32696			ROUTE 2. BOX 1970			DO NOT II	VRITE IN THIS SPACE	
US			WILLISTON FL 32696 US			3. Date Incorporated or Qualified		
						05/12/1983		
2. Principal Place of Business			2a. Mailing /	\ddress		4. FEI Number 59-2324574	Applied For Not Applica	
Suite, Apt. #, etc.			26 Suite, Ap	ot.#, etc.			S8 75 Additions	-
22						5. Certificate of Status Desire	Fee Required	
City & Stat	16		City & St	.810		<ol><li>Election Campaign Finance Trust Fund Contribution</li></ol>	ing \$5.00 May Be Added to Fees	
Zip		Country	Zip		Country	8. This corporation owes or h	as paid the current year Intangible	
24	25 A Nama au		29 urrent Registered Age		30	Personal Property Tax due 10. Name and Address of Ne		
ED	WARDS, DAR		miem riegistered Age		81 Name	. 1.0 .	# (logistoros Agoin	一
105 <b>SW</b> FIRST ST					82 Street Ad	D K . STEEN Idress (P.O. Box Number is Not Acc	eptable)	
CHIEFLIND FL 32626					83 (	Idress (P.O. Box Number is Not Acc PONCE DE LEON B	LVD #1200	
					51000	BOON & STERN P.1	<i>1.</i> )	_
					Seal City DEAL	GABLES	FL 85 Zip Code 3.3/34	<b>′</b>
11. Pursuant office or a	to the provision	is of Sections 607 ம் மிடர் in the S	.0502 and 607.1508, I State of Florida, Such o	lorida Statute	es, the above-named or authorized by the corpo	orporation submits this statement for ration's board of directors. I hereby	the purpose of changing its register accept the appointment as registere	red ed
i \	ım familizi will	accept the c		607.Ŏ505, Flo A-W K.		•	,	
SIGNATURE	Signature Williams	printed hance of registers	ed agent and blied applicato		Begistered Agent signature re	quired when reinstating)	DATE	
12.		OF LICERS	S AND DIRECTORS	DELETE	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 12  Change	lition
NAME	DEBRULE	JOHNNY T.	Ĺ	) MECETE	1.1 TITLE 1.2 NAME		□ change □ 500	KIGII
STREET ADDRESS	ROUTE 2,	BOX 1970			1.3 STREET ADDRESS			
CITY-ST-ZIP	WILLISTO	N FL			1.4 CITY-ST-ZIP			
TITLE	ST Debrule	GAN I	L	_) DELETE	2.1 TITLE 2.2 NAME		Change Add	tion
NAME Street Address		BOX 1970			2.3 STREET ADDRESS			
CITY-ST-ZIP	WILLISTO				2. 4 CITY-ST-ZIP			
TITLE			T	DELETE	3.1 TITLE		☐ Change ☐ Addi	ition
NAME					3.2 NAME			
STREET ADDRESS CITY-ST-ZIP					3.3 STREET ADDRESS 3.4. CITY - ST - ZIP			
TITLE				DELETE	4.1 TITLE		☐ Change ☐ Add	ition
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CITY-ST-ZIP				Topiere	4.4 CITY-ST-7IP		T 0	
TITLE			L	DELETE	5.1 TITLE		Change Addi	щОП
NAME STREET ADDRESS					5.2 NAME 5.3 STREET ADDRESS			
CITY-ST-ZIP					5.4 CITY-ST-ZIP			
TITLE			E	DELETE	6.1 TITLE		Change Addi	ition
NAME					G.2 NAME			
STREET ADDRESS					6.3 STREET ADDRESS			
CITY-ST-ZIP 14. I hereby	certify that the i	nformation supplie	ed with this filing does	not qualify fo	64 CITY-ST-ZIP or the exemption stated	in Section 119.07(3)(i), Florida Statu	les. I further certify that the informat	ion

indicated on this annual report of supplied with unsuing does not quanty or me exemption stated in Section 119.07(3)(), Florida Statutes. Further certify that the information indicated on this annual report of supplied 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 of the occasion of the certification of the corporation of the certification of the corporation of the certification of the corporation of the certification of the certifi

**FILED** 

May 20 1998 8:00am