SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G48198

PABLO INVESTORS CORPORATION

i48198

(7)

## FILED Aug 11 1998 8:00am Secretary of State



	<del></del>					: #8  Bi
Principal Place of Business Malling Address						
130 PABLO STREET 130 PABLO STREET						
POST OFFICE BOX 2098		POST OFFICE BOX 2098				
LAKELAND FL 33903		LAKELAND FL 33803			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifi	ed
		7			07/11/1983	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
		26			59-2320427	Not Applicable
<b>├</b> ──		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			O. COMMOND OF CHARGE DESIRES	Fee Required
City & State		City & State		6. Election Campaign Financin	g \$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	iry	8. This corporation owes or ha	s paid the current year Intangible
24	25	29	30		Personal Property Tax due	
	9. Name and Address of Current	Registered Agent			10. Name and Address of Nev	v Registered Agent
MELTO	N, JAMES D JR			Name	Eason, Donald L	54
130 PABLO ST			1	82 Street Address P.O. Box Number Is Not Acceptable)		
PO BOX <b>209</b> 8					130 Pablo Street	
LAKELAND FL 33806			[1	B3	PO Box 2098	
_			1	24 60		Tool 70 Octo
				64 City	Lakeland	FL 85 33806
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.						
I II I I I I I I I I I I I I I I I I I						
SIGNATURE DOTI at C E & Signature, Typed or printed name of registered agent and tillo if applicable (NOTE: Registered Agent					re required when reinstating)	DATE
12. OFFICERS AND DIRECTORS			13.			
TITLE VI		DELETE	1.1 TITU	E		Change Addition
NAME N	IAIMAN, RICHARD A.		1,2 NAM	E		C change   C change
l l	30 PABLO STREET			ET ADDRESS		·
	AKELAND FL		1.4 CITY			
TITLE PI		DELETE	2.1 TITL		PD	Change Addition
' '	EVANS, R DAVID	□ nere ie	2.2 NAM		Eason, Donald	Change Addition
				ET ADDRESS	130 Pablo St	·
د د ا	LAMPIAND FI				Lakeland FL 3380	
			2.4 CiTY		Dakerand Ft 3380	
		DELETE	3.1 TITL			Change Addition
1 1	MELTON, JAMES D., JR.		3.2 NAM			4h 8/11
1 1 7	30 PABLO STREET			ET ADDRESS		
	AKELAND FL		3 4 CITY			
TITLE D		DELETE	4.1 TITL		AND RESERVE STATE	Change Addition
	IASS, SHELTON T.		4.2 NAM		1000021	
1 1	30 PABLO STREET		4.3 STRE	ET ADDRESS	-08/12/38(	11001 <b>n</b> 23
	<u>AKELAND FL</u>		4.4 CITY	-ST-ZIP	***558.75	
	SD .	DELETE	5.1 TrTL	E	SD	Change Addition
	MALLONE, WILLIAM F		5.2 NAM	E		]
STREET ADDRESS 13	30 PABLO ST		5.3 STRE	ET ADDRESS	Aguiar, Susan	
CITY-ST-ZIP	ALCEL SAID, EL					
TITLE D	AKELAND FL		5.4 CITY	-ST-ZIP	130 Pablo ST La	keland FL
		DELETE	5.4 CITY 6.1 TITU		D Pablo ST La	
NAME TA		DELETE		E	D	
		DELETE	6.1 TITU 6.2 NAM	E		

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 phanged, or on an attriction of with an address.

IGNATURE: ( ) DO SALES CONTRACTOR OF COURSED

CR2E034 (5/98