## 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

## **FILED** Mar 18 1998 8:00am Secretary of State

Principal Place of Business  Mailing Address  Mailing Address						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
2. Princ	ipal Place of Busi	iness	2s. Mailing Address			11/16/1983 4. FEI Number Applied For	
21			26			59-2347268 Not Applica	
Suite,	, Apt. #, etc	"	Suite, Apt. #, etc.			Certificate of Status Desired     Section	<u> </u>
	State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	· ·	Country 25	7 ip	Zip Country		8. This corporation owes or has pald the current year Intengible Personal Property Tax due June 30. X Yes No	
	9. Name	e and Address of Curre		100,		10. Name and Address of New Registered Agent	
	DILLARD, BA	ANEY E. JR.			81 Name	16	
	1216 MT. HO EUSTIS FL 3	MER ROAD		ļ	82 Street	et Address (P.O. Box Number is Not Acceptable)	
	LOUINTEG	1120		ין	83		
				ŀ	84 City	FL 85 Zip Code	
SIGNATI	URE	d or printed name of registered ag	pent and tale it applicable (N	OTE Registered		ed corporation submits this statement for the purpose of changing its register or	d 
12.	PO OFFICERS A		ND DIRECTORS  DELETE	13.	,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	oinn.
TITLE NAME	RILEY,	.ETT	OLICIC	1.1 TITL 1.2 NAM		O Rallyo Lui Franci	llorr
STREET ADD		IT HOMER ROAD			ieet address	e l	
CITY-ST-ZI	)			1	Y-ST-ZIP		
TITLE	STD		DELETE	2.1 TITL		Change Addi	tion
NAME		D, BARNEY E. JR.		2.2 NAM	AE		
STREET ADD		IT HOMER ROAD		2.3 STA	EET ADDRESS	s (	
CITY-ST-ZI	P EUSTIS	; <u>FL</u>	T or tre		Y-ST-ZIP		
TITLE	J		☐ DELETE	3.1 TITL		Change Addi	tion
NAME				3.2 NAM			
STREET ADD	1				EET ADDRESS	5	
CITY-ST-ZI	<u> </u>		DELETE	3.4. CIF	Y-ST-ZIP	Change Addi	tion
NAME			4. 2 NAM	-	water ************************************		
STREET ADO	DRESS				EET ADDRESS	s	
CITY-ST-ZI	1				Y-ST-ZIP		
TITLE			☐ DELETE	51 TITL		☐ Change ☐ Addi	lion
NAME				5.2 NAM	1E		
STREET ADD	XRESS			5.3 STR	EET ADDRESS	s	
CITY-ST-ZI	P			5.4 CiTy	r-ST-ZIP		
TITLE			☐ DELETE	6.1 TITU		Change Addi	ion
NAME				6.2 NAM			
STREET ADD	RESS			6.3 STRI	EET ADDRESS	5	

14. Thereby certify that the information supplied with this filling 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 of trustone empowers 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:

3-9-98