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

PORATION NUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 29 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place \$200 AMY WA MIMS FL 3275 US	Y	Mailing Address PO 60X 6685 TITUSVILLE FL 32782 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
2. Principal P	ace of Business	2a. Mailing Address		<b>04/10/1964 4.</b> FEI Number Applied For
21		26		59-2403238 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Zip	Country	Zιρ	Country	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Cui	29  rent Registered Agent	30	Personal Properly Tax due June 30. Yes No  10. Name and Address of New Registered Agent
HORNE, RUBY R 600 S. HOPKINS AVE. TITUSVILLE FL 32796			81 Name 82 Street /	Timothy R. Dennard Address (P.O. Box Number is Not Acceptable) 5200 Amy Way
			84 City	Mims. Florida 32754
				corporation submits this statement for the purpose of changing its registered
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or pysical pages of new term	umas/ Ti	aurnonzed by the corriorida Statutes  mothy R. I  1. Registred Agest signature  13.  1.1 THLE  1.2 NAME  1.3 STALET ADDRESS	Dennard  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change
CITY-ST-ZIP	MIMS FL		1.4 CITY - ST - ZIP	
TITLE		[_] DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	
TITLE	······································	DILETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP		DELETE	3.4. CHY-ST-ZIP 4.1 TITLE	Change Addition
TITLE NAME			4.1 NILE 4.2 NAME	C onange (C) Andition
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 City - St - Zip	
TITLE		DELETE	5 1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		I MI ETE	54 CHY-ST-ZIP	Change Addition
TITLE		L_] DELETE	6.1 TITLE 6.2 NAME	Li change Li Modition
NAME Street address	\$.		6.2 NAME 6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY+ST-ZIP	
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 trusted 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.  Timothy R Downard				

Timothy R. Demnard