


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).

APPROVED
AND
FILED

98 DEC -3 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H09360 (9) 1. Corporation Name CECIL PERRY, INC.					

Principal Place of Business 503 A FAIRWAYS OCALA FL 34472 US		Mailing Address 503 A FAIRWAYS LN OCALA FL 34472 US	
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REINSTATEMENT

2. Principal Place of Business 21 12358 CR101 Suite, Apt. #, etc.		2a. Mailing Address 26 12358 CR101 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/19/1984	
22 City & State 23 OXFORD FL.		27 City & State 28 OXFORD FL.		4. FEI Number 59-2429244 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
24 34484 25 Sumter		29 34484 30 Sumter		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LONG, LYNNE P. 12358 CR 101 OXFORD FL 34484				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
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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.

SIGNATURE Lynne P. Long DATE 11/30/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PERRY, CECIL		1.2 NAME	CECIL PERRY			
STREET ADDRESS	503A FAIRWAYS LANE		1.3 STREET ADDRESS	IS DECEASED			
CITY-ST-ZIP	OCALA FL 34472		1.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE	PRES. VP SECY TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LONG, LYNNE P.		2.2 NAME	LYNNE P. LONG			
STREET ADDRESS	12358 CR 101		2.3 STREET ADDRESS	12358 CR101			
CITY-ST-ZIP	OXFORD FL 34484		2.4 CITY-ST-ZIP	OXFORD FL 34484			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			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)(f), 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 changed, or on an attachment with an address.

SIGNATURE: Lynne P. Long SIGNATURE REQUIRED 10/20/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0102131

CR2E034 (5/98)