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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H40442

(6)

WILLIAMS AND ASSOCIATES PRINTING, INC.

FILED
May 06 1998 8:00am
Secretary of State

Principal Plac	e of Business	Mailing Address	dress			
307 EAST JACKSON AVENUE POST OFFICE BOX 532						
1227 JACKSON CHIPLEY FL 32428		CHIPLEY FL 32428				
					DO NOT WRITE IN THIS SPACE	
US					3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a, Mailing Address			01/30/1985 4. FEI Number	Applied For
21		26		59-2494119	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		26		Trust Fund Contribution	Added to Fees	
Zip	Country			/	8. This corporation owes or has paid the o	
24	25]	29	30		Personal Property Tax due June 30.	Yes No
					10. Name and Address of New Registere	d Agent
WILLIAMS, RICHARD L.			61	Name		
959 WILDWOD CIRCLE			82	Street Add	oress (P.O. Box Number is Not Acceptable)	
CH	IPLEY FL 32428		83			
						. =
			84	City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named c				l e-named coi	rporation submits this statement for the purpose	of changing its registered
office or r	egi ste red agent, or both, in the State m fam iliar with, and accept the obliga	of Florida. Such chan ge w a	as authorized b	v the corpora	ation's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE			, i roma otalialo	· ·		
SIGNATURE	Signature, typed or printed name of registered ag-		NOTE Registered Ag	ort signature requ	uired when reinstating) DATE	
12.	ÖFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P DELETE		1.1 TITLE			☐ Change ☐ Addition
MAME WILLIAMS, RICHARD L.			1.2 NAME			
STREET ADDRESS 959 WILDWOOD CIRCLE CITY-ST-ZIP CHIPLEY FL		1.3 STREET ADDRESS				
CITY-ST-ZIP	6	DELETE	1.4 CITY-ST-ZIP DELETE 2.1 TITLE			Change Addition
NAME	MELVIN, BONNIE	C beerie	2.2 NAME			Grange Assurer
STREET ADDRESS	959 WILDWOOD CIRCLE		2.3 STREET	ADDRESS	•	
CITY-ST-ZIP	CHIPLEY FL		2.4 CITY-			
TITLE			3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4 CITY-	ST-ZIP		
TITLE	□ DELETÊ : 4.1		4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP		T evere	4.4 CITY-5	1-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME 070557 1000500			5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY- S	I - ZIP		Change Addition
î uune		L DELETE	6.1 TITLE	1		Pringings Privagition (

6.2 NAME

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 porporation 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 attachingent with an address.

1.1.10

6.3 STREET ADDRESS