

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H44759 (9)
 1. Corporation Name
OLIVER & COMPANY, P.A., CERTIFIED PUBLIC ACCOUNTANTS



Principal Place of Business 18 N. BROAD STREET BROOKSVILLE FL 34601	Mailing Address 18 N. BROAD STREET BROOKSVILLE FL 34601
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 02/27/1985
4. FEI Number 59-2485874
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

HERMAN A. VIDAL
18 N. BROAD STREET
BROOKSVILLE FL 34601

10. Name and Address of New Registered Agent

81 Name C. Kenneth Deason
82 Street Address (P.O. Box Number is Not Acceptable) 18 N. Broad St.
83
84 City Brooksville
85 Zip Code FL 34601

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: *[Signature]* **C. Kenneth Deason** **11/17/98**

12. OFFICERS AND DIRECTORS

TITLE	PM	<input checked="" type="checkbox"/> DELETE
NAME	VIDAL, HERMAN A., CPA	
STREET ADDRESS	18 N BROAD ST	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PATTERSON, O. CLINTON	
STREET ADDRESS	18 N BROAD ST	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GARY, MARY B	
STREET ADDRESS	18 NO. BROAD ST.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DEASON, C. K	
STREET ADDRESS	18 NO. BROAD ST.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	5332 Patricia Place	
2.4 CITY-ST-ZIP	Spring Hill FL	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	9311 Wallien Drive	
3.4 CITY-ST-ZIP		
4.1 TITLE	PM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	1004 Kimbrough Drive	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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: *[Signature]* **C. Kenneth Deason** **11/17/98** **352-796-1444**

CR2E034 (10/97)