

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).

Amended

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #	H46446	(1)
1. Corporation Name		
FLORAKING, INC.		
FILING OF 4-17-98 AS AMENDED 11-18-98		

Principal Place of Business	Mailing Address
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 156 McCORMICK ROAD		26 P. O. BOX 357		03-12-1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 P. O. BOX 357		27 156 McCORMICK ROAD		59-2499288	
City & State		City & State		Applied For	
23 EAST PALATKA, FL		28 EAST PALATKA, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 32131		29 32131		30 US	
Country		Country		6. Election Campaign Financing	
25 US		30 US		Trust Fund Contribution	
				7. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				8. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MICHAEL E. EDENFIELD 101 JOYCE LANE P. O. BOX 106 EAST PALATKA, FL 32131		81 Name ANGELA M. STONE	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		101 JOYCE LANE	
		83	
		P. O. BOX 266	
		84 City	
		EAST PALATKA	
		85 Zip Code	
		FL 32131	

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	ANGELA M. STONE
Signature, typed or printed name of registered agent and title if applicable	DATE
ANGELA M. STONE	11-18-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		1.1 TITLE	
D		D	
1.2 NAME		1.2 NAME	
LANGFORD, MONIQUE		LANGFORD, MONIQUE	
1.3 STREET ADDRESS		1.3 STREET ADDRESS	
219 US # 17 SOUTH		101 JOYCE LANE	
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	
E. PALATKA, FL		E. PALATKA, FL 32131	
2.1 TITLE		2.1 TITLE	
PTD		PTD	
2.2 NAME		2.2 NAME	
EDENFIELD, MICHAEL E.		ANGELA M. STONE	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
101 JOYCE LANE		101 JOYCE LANE	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
EAST PALATKA, FL		EAST PALATKA, FL 32131	
3.1 TITLE		3.1 TITLE	
VSD		VSD	
3.2 NAME		3.2 NAME	
STONE, ANGELA M.		SARINA L. MACHEK	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
219 US # 17 SOUTH		416 2ND AVENUE	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
EAST PALATKA, FL		SATSUMA, FL 32189	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 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 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.	
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SIGNATURE:	ANGELA M. STONE	11-18-98	904-328-6001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE	DAYTIME PHONE #	

CR2E034 (5/98)