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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNU	AL REPORT Secretary of Secretary of Division of Corp			Secretary of St	State				Secretary of State					
	n Na me	06175	(0))										
HOSS'	DISCOUNT ALUN	MNUM & BU	LDERS, INC.										444H (88)	
Principal Plac	e of Business		Mailing Address					-	r iðbrigð þeir þþir þliðir riðir innni	UIAA DADAH UR	OH FIBRI DID	(1 1111)	DIDIA IDDA	
2625 SE HWY 441 2626 SE HWY 441 2345 S.E. HWY, 441 OKEECHOBEE FL 34974														
OKEECHOBEI			OKEECHOBEE FL 34974 US				1	DO NOT WRI	TE IN THE	S SPACE				
US								3	Date Incorporated or Qualified	J				
2. Principal P	lace of Business	Т	2a. Mailing Addres	ss				4	03/26/1986 I. FEI Number			TAn	plied For	
21			26					59-2677040				Applicable		
Suite, Apt	#, etc.		Suite, Apt. #, etc.				5	. Certificate of Status Desired				dditional		
City & State	<u> </u>		City & State				-	. Election Campaign Financing				quired		
23			28					•	Trust Fund Contribution				May Be o Fees	
Zip	Countr		+			Country			. This corporation owes or has		_ `			
24	25 25 Name and Addre		29	30	т—		-		Personal Property Tax due Ju Name and Address of New I		Yes d Acent		No	
GA	IRRIS, JAMES B.	as of Collect III	gistered Agent		81	T N	lame		, Harrie and Address of Herri	IONIS IS IS	u Agoin			
2345 S.E. HWY. 441						s	treet Add	ress (P.O. Box Number is Not Accept	able)				
OKEECHOBEE FL 34974														
					83									
1					84	С	ity			F	85	Zip C	Code	
11, Pursuant	to the provisions of Sec	ions 607.0502 ar	nd 607.1508, Flor id a	Statutes, the	abov	L 'e∙na	amed corp	porati	on submits this statement for the	purpose	of changi	ing its	registered	
office or r agent. La	ogi ste red agent, or both i <mark>m fam</mark> iliar with, and acc	i, in the State of E ept the obligation	Torida: Such chan g is of, Section 607, 0 :	o was authoria 5 <mark>05, Florida S</mark> i	ed b	y thi	e corporat	tiori's	board of directors, I hereby acc	ept the ap	ppointmer	il as r	registered	
SIGNATURE	Signature, typed or pented name	egenes o ese		(NOT: Rogiste						DATE				
12.		LEICERS AND D		13		KITE SI	gria.dre redor	Irod wilk	ADDITIONS/CHANGES TO OF			TOR	S IN 12	
TITLE	PD		☐ DELI	ETE 1.1	117LF						Cha	nge	Addition	
NAME	GARRIS, JAMES E				NAME		1							
STREET ADDRESS	2625 SE HWY 44 OKEECHOBEE FL				STREET									
CITY-ST-ZIP TITLE	VO		DELI		CITY-S	<u> </u>	P				Cha	nge	Addition	
NAME	MAUPIN, NORMAI		_	1	NAME]					-		
STREET ADDRESS	2833 SE 18TH TE			23	STREET	T ADD	RESS							
CITY-ST-ZIP	OKEECHOBEE FL		- Toru		CITY-	ST-Z	IP.		·		T oh		T Addition	
NAME	HEDGES, BOBETT	Έ	XI DELI		TITLE NAME						L Cha	uge	Addition	
STREET ADDRESS	2626 SE HWY 441				STREET	i add	RESS							
CITY-ST-ZIP	OKEECHOBEE FL			ľ	CITY-		ì							
TITLE			DEL!	E1E 41	TITLE						Chai	nge	Addition	
NAME					NAME									
STREET ADDRESS					STREET									
CITY-ST-ZIP TITLE			☐ DELI		CITY-S TITLE	51-21	P				Cha	nge	Addition	
NAME					NAME									
STREET ADDRESS				5.3	STREET	T ADD	ress							
CITY-ST-ZIP					CITY-S	ST - 71	P				——————————————————————————————————————		Till Apparat	
TITLE			☐ DELI		TITLE						Cha	nge	Addition	
NAME STREET ADDRESS				t t	name Street	T Ann	IRESS						į	
CITY-ST-ZIP					CITY-S		ł							

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 offect 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 13 if changed, or on an attachment with an address.

KINDLOR

FILED

May 26 1998 8:00am