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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

J06267

(5)

CORRY, AKER & EDINGER, O.D., P.A.

FILED

May 06 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address									ODRIJ DIR GBUID DUUR USUU EUU	ı 18 8 1 3/84/ 8/1	III 01011 01011 01 1		
	6 James e. 170 Harrisc Panama cit			470 HARRISON	% JAMES E. CORRY, JR. 470 HARRISON AVE. PANAMA CITY FL 32401				DO NOT WRITE IN THIS SPACE				
								1	Incorporated or Qualifie /24/1986	d 			
2. Principal Place of Business				2a. Mailing Add	2a. Mailing Address			4. FEI N				plied For	
21			26				5	9-2657206			t Applicable		
Sulte, Apt. #, etc.			27				5. Certif	ficate of Status Desired		\$8.75 A Fee Re	I		
23	City & State			City & State	28			I	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution				
]	Zip]	Country	Zip	⊢	Country			corporation owes or has				
24 25 25 S. Name and Address of Current			29	30	[30]			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					
_				irrent Hegistered Agent	· · · · · · · · · · · · · · · ·	81	Name	10, Nam	e and Address of New	negisiered	Wilaur		
CORRY, JAMES E., JR. 470 HARRISON AVE.						Ľ	140/110						
					82 Street			dress (P.O. Bo	ox Number is Not Accep	table)			
PANAMA CITY FL 32401						83		- 		-			
						84	City			FL	85 Zip (Code	
11	Pursuant to	to the provisi	ions of Sections 607 ent, or both, in the S	.0502 and 607.1508, Flor state of Florida, Such char	e-named co the corpor	rporation subration's board	mits this statement for the of directors. I hereby acc	a numaca (of changing its	s registered 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 registe agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.													
SI	GNATURE '	Suphalure, lyped	or printed name of registers	ed agour and by Happlicable	(NOIL Regi	istored Age	ant signature req	quired when reinslat	ing)	DATE			
12			OFFICERS	AND DIRECTORS		13.		ADDIT	IONS/CHANGES TO OF	FICERS AN			
TIT	Æ	D			ELETE	1.1 TITLE					L Change	Addition	
NAI	NAME CORRY, JAMES E., JR.				1.2 NAME								
STF	STREET ADDRESS 90 KENTUCKY AVE.		1.3 STRE			ADDRESS							
	Y-ST-ZIP		IAVEN FL			1.4 CITY - S	T - ZIP				Change	Addition	
TIT	1	DST	AAITLIONIV I	Пη		2.1 TITLE 2.2 NAME					C Curante	CT Voortion	
		anthony L. Yndall dr				ADDRESS							
	ŀ		A CITY FL										
TIT	Y-ST-ZIP	D	N OIII I L	Пр		2. 4 CITY-1 3.1 TITLE	51-211				Change	Addition	
NAI	į.	_	R, DAVID J.			3.2 NAME					_ •	_	
	STREET ADDRESS 4500 CRESTBROOK					ADDRESS							
	Y-ST-ZIP		A CITY FL			3 4. CITY-	ST-ZIP						
TIT					ELETE	4.1 THTLE					Change	☐ Addition	
NAI	ME				1	4. 2 NAME							
STE	EET ADDRESS					4.3 STREET	ADDRESS						
CIT	Y-ST-ZIP					4.4 CITY-5	T - ZIP						
TIT	LE					5.1 TITLE					Change	Addition	
NA	3					5.2 NAME	ļ						
	HEET ADDRESS						ADDRESS						
_	Y-ST-ZIP	<u></u>				5.4 CITY-5	ST - ZIP	**/		.	Change	Addition	
TIT						6.1 TITLE					Change		
NA						6.2 NAME	ADDRESS						
STE	REET ADDRESS					0.3 S1KEE!	ADDRESS						

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.