## 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

1. Corporatio	CORPORATION	(2)							
Principal Place of Business Mailing Address									
3001 U.S. HWY. 27 SOUTH P. O. BOX 72 LAKE WALES FL 33959-0072		3001 U.S. HWY. 27 SOUTH P. O. BOX 72 LAKE WALES FL 33859-0072			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
Principal Place of Business     1		2a. Mailing Address 26			06/27/1986 4. FEI Number 59-2704005		No	plied For I Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		6 <b>8.75</b> / Fee Re	Additional equired	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	
Zip 24	Country 25	Zip 29	Zip Country			8. This corporation owes or has p Personal Property Tax due Jun	e 30. 🔲 Y	es [	angible ] No
	g. Name and Address of Curren	t Registered Agent		81 N	ame	10. Name and Address of New R	egistered Age	nt	
HEATH, WILLARD G JR 1207 THORNBURG RD. BABSON PARK FL 33827				treet Addr	ess (P.O. Box Number is Not Accepta Thorn burg Rd.	ible)			
				84 City			FL 85 Zip Code		
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m tamiliar with, and accept the oblig-	of Florida. Such change was	authorize	d by the	med corp corporati	oration submits this statement for the ion's board of directors. I hereby according to the control of the contr	purpose of cha ppt the appoint	anging it ment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered agr	on, and the it applicable (NO	11 Hegistere	d Agent sig	jnature requir	ed when reinstating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFI			S IN 12
NAME STREET ADDRESS	P HEATH, WILLARD C JR 1207 THORNBURG RD. BABSON PARK FL	[ ] DEFELE				18 Thornburg Rd.	Į. L	Change	[] Advitori
City-St-ZIP Title Name	DADSON FARK IL	☐ DELETE	2.1 TI 2.2 N	TLE				Change	Addition
STREET ADDRESS			2.3 \$1	IREET ADDI	RESS				
CITY-\$T-ZIP		DELETE		ITY-ST-ZI	P		<del></del>	Change	Addition
TITLE NAME		בן טוננונ	3.1 TI 3.2 N/					Grange	□ Yoution
STREET ADORESS				REET ADDE	AESS				
CITY-ST-ZIP				11Y - ST - ZI	1				
TITLE		☐ DELETE	4.1 TI	TLE				Change	Addition
NAME			4 2 N						
STREET ADDRESS				REET ADDE					
CITY-ST-ZIP TITLE		DELETE	4.4 CI 5 1 Ti	1Y-S1-ZIF	-			Change	Addition
NAME			52 N/		}			8~	
STREET ADDRESS				reet adde	RESS				
CITY-ST-ZIP			5.4 C	TY-ST-ZIF	,		·		
TITLE		☐ DELETE	61 TI	TLE				Change	Addition

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 adversary.

6 2 NAME 63 STREET ADDRESS

NAME

STREET ADDRESS

1.6-08 1-901-638-1810

**FILED** 

Jan 20 1998 8:00am

Secretary of State