

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

FILED

Mar 25 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 # **J38499** (6)
1. Corporation Name
BULLSEYE ENTERPRISES, INC.



Principal Place of Business 4204 S FLORIDA AVE LAKELAND FL 33803 US	Mailing Address 5555 BAILEY RD. MULBERRY F 33860 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/13/1986	
21 503 Laurel Hill		26 503 Laurel Hill		4. FEI Number 59-2726988	
22 Lakeland, FL		27 Lakeland, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 33813		28 33813		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 US		29 US		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent FLOYD R. STEVENSON 5555 BAILEY RD. MULBERRY FL 33860				10. Name and Address of New Registered Agent 81 Name Perry J. Smith 82 Street Address (P.O. Box Number is Not Acceptable) 1307 Glenview Lane 83 84 City Lakeland, FL 85 Zip Code 33813			
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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 *Perry J. Smith* **Perry J. Smith, Secretary/Treasurer** **2/5/98**
Signature, typed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE P <input checked="" type="checkbox"/> DELETE				1.1 TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME FLOYD R. STEVENSON				1.2 NAME Mary Lou Smith			
1.3 STREET ADDRESS 5555 BAILEY RD.				1.3 STREET ADDRESS 503 Laurel Hill			
1.4 CITY-ST-ZIP MULBERRY FL				1.4 CITY-ST-ZIP Lakeland, FL 33813			
2.1 TITLE VP <input checked="" type="checkbox"/> DELETE				2.1 TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME MARY LOU SMITH				2.2 NAME Vicky Smith			
2.3 STREET ADDRESS 503 LAUREL HILL				2.3 STREET ADDRESS 8835 Pritcher Road			
2.4 CITY-ST-ZIP LAKELAND FL				2.4 CITY-ST-ZIP Lithia, FL 33547			
3.1 TITLE ST <input checked="" type="checkbox"/> DELETE				3.1 TITLE ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME LORENE STEVENSON				3.2 NAME Perry J. Smith			
3.3 STREET ADDRESS 5555 BAILEY RD.				3.3 STREET ADDRESS 1307 Glenview Lane			
3.4 CITY-ST-ZIP MULBERRY FL				3.4 CITY-ST-ZIP Lakeland, FL 33813			
4.1 TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.

SIGNATURE: *Mary Lou Smith* **MARY LOU Smith** **2/5/98** **941-646-1394**

CR2E034 (1097)