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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J58129

(4)

FORT DRUM GENERAL STORE, INC.

FILED							
May 16 1997 8:00am							
Secretary of State							

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					outer.		
Principal Place of Business Mailing Address						1811 81875 81811 81811 81811 81811 1887	
298 NE 325 TE OKEECHOBEE		298 NE 325 TRAIL OKEECHOBEE FL 34972-0					
UNCEVHODEC	FL 043/2	ONCEONODEL TE 343720	ONEEOHOBEE PE 34972-0299				
					3. Date Incorporated or Qualified 02/20/1987	3a. Date of Last Report 11/18/1996	
2. Principal P	lace of Business	2a. Mailing Address	and the second		4. FEI Number	Applied For	
21		26			<b>59-2806208</b> Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27				Fee Required	
City & State		r1	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	<b>28</b> Zip	Country		This corporation has liability for in		
24	25	29	30			Yos No	
24	9. Name and Address of Cu		1301		10. Name and Address of New Registered Agent		
TEP	PS, JEROME L.		81	81 Name			
3411 POWERLINE ROAD, STE. 701				Chrost Ad	ddress (P.O. Box Number is Not Acceptable)		
	LAUDERDALE FL 33309	<del>-</del>	82 Street Addr		dress (P.O. Box Number is Not Acceptab	e)	
			83	·			
			104			LOST 750 Code	
			B4	City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Statu	les, the abov	c-named co	rporation submits this statement for the p	rpose 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							
SIGNATORE	Signature, typed or printed name of registers	diagost and title it applicable. (NO	II. Registered Ag	ent signature req	ulred when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D	☐ DELETE	th Tolf			Change Addition	
NAME	COLLINS, SUSAN		1⊉ NAME				
STREET ADDRESS			1/3 STREE	I ADORESS			
CITY-ST-ZIP	OKEECHOBEE FL	Deletas	1/4 CITY-	S1- ZIP		Change Addition	
TITLE	<del></del> -		2.1 1011.6			Change Addition	
NAME			22 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	2,4 CITY-ST-ZIF ETE 3.1 TITLE			Change Addition	
NAME		Land Detection	3,2 NAME			ELL STORIGO	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3,4. CiTY-	1			
TITLE			4.1 1111.1	31-24		Change Addition	
NAME			4, 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-				
TITLE			5;1 TITLE	VI		Change Addition	
NAME	ĺ		5,2 NAME			_	
STREET ADDRESS			5,3 \$1RFI	T ADDRESS			
CITY-ST-ZIP	1		5,4 CITY	1			
TITLE		☐ ĐELET€	6,1 1111 (			☐ Change ☐ Addition	
NAME			6,2 NAME				
STREET ADDRESS			63 STREE	1 ADDRESS			
CITY-ST-ZIP			6,4 CITY-	SI ZIP			
					ed in Section 119.07(3)(i), Florida Statule		
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 12 or Block 13/if changed, or organ attachment with an address.							