

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

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # J67837 (1)**  
 1. Corporation Name  
**SCRIPTURA INSPIRATIONAL RESOURCES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2020 W. BRANDON BLVD SUITE 155 BRANDON FL 33511 US

Mailing Address: 2020 W. BRANDON BLVD SUITE 155 BRANDON FL 33511 US

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Sulte, Apt. #, etc.					Sulte, Apt. #, etc.				
City & State					City & State				
Zip Country					Zip Country				

3. Date Incorporated or Qualified: **04/13/1987**

4. FEI Number: **59-2822661** Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**WARNER, GLORIA J.**  
**2714 DE MONTMOLLIN ROAD**  
**1309 E SPENCER STREET**  
**PLANT CITY FL 33566**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): **1309 E. Spencer St.**

83

84 City: **Plant City** FL 85 Zip Code: **33566**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>WARNER, DONALD W.</b>	
STREET ADDRESS	<b>1309 E. SPENCER ST.</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>CROSBY, FRANKLIN D.</b>	
STREET ADDRESS	<b>2714 DEMONTMOLLIN RD.</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>WARNER, GLORIA J.</b>	
STREET ADDRESS	<b>1309 E SPENCER ST</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>CROSBY, SHARON W.</b>	
STREET ADDRESS	<b>2714 DEMONTMOLLIN RD.</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Gloria J. Warner* 4-24-98 912/652-1255

CR2E034 (10/97)