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

FILED May 26 1998 8:00am Secretary of State

DOCU	MENT # J7095 °	1 (5)				
	FREDDY, INC.	(- /				
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	*					
Principal Plac	e of Business	Mailing Address				ENI ANALI AIRIN DIDIN NADI
120 E HOWA	₹	120 E HOWARD ST				
P O BOX 154	15	P O BOX 1545				
LIVE OAK FL		LIVE OAK FL 32064			DO NOT WRITE IN THIS SE	ACE
] 3	JP046	U\$			3. Date Incorporated or Qualified	
	Place of Business	2a. Mailing Address			06/01/1987 4. FEI Number	
21		26. Mailing Address			59-2808032	Applied For Not Applicable
Sulte, Apt.						\$8.75 Additional
22	27				5. Certificate of Status Desired	Fee Required
City & Stat				*******	6. Election Campaign Financing	\$5.00 May Be
23	28		,		Trust Fund Contribution	Added to Fees
Zip	Country	Zip Cour		гу	 This corporation owes or has paid the curre 	
24	25 29 30					Yes No
g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CRAPES NAME AND MORGAN 81 Name						
CRAPPS, JOHN MORGAN 104 DOWLING AVE, #B			Ľ			
P.O. BO X 1545			8	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
LIVE OAK FL 32064			B	3		
"						
1		_	В	4 City	FL	85 Zip Code
11. Pursuant to the provinces 11 Sections 607,0502 and 607,1505 fields Statutes, the above-named corporation submits this statement for the purpose of changing its registerer						hanging its registered
office or resistered gent of Very lifth Afril) of Florida Stuth of August 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	Manch	Dialo	00	·	DIC-1100- 4-2	192
	Signature, typed or printed name of registered age			gont signature ro	oquiled when reinstating) DATE	
12.	OFFICERS AN	D DIRECTØRS LUDELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND I	
TITLE NAME	CRAPPS, JOHN MORGAN		1.5 TITLE		.	☐ Change ☐ Addition
STREET ADDRESS	ANA DOMESTIAN AND AD		1.2 NAM			3
	LIVE OAK FL		1.3 STREET ADDRE 1.4 City-St-Zip			[]
CITY-ST-ZIP TITLE	18	1.70				Change Addition
NAME	BUZBEE, SHANNON LEE	—	2.2 NAME		_	
STREET ADDRESS	140E7 444TH DD			ET ADDRESS	•	
CITY-ST-ZIP	ÎNE AM EI		2. 4 CITY			
TITLE			3.1 TITLE			Change Addition
NAME	3.2		3.2 NAME	:		i
STREET ADDRESS	₹ 8		3.3 STRE	ET ADDRESS		
CITY+ST-ZIP			3.4. CITY	- ST+ ZIP		
TITLE	ž	☐ DELETE	4.1 TITLE			Change
NAME	ž.		4. 2 NAM	E		İ
STREET ADDRESS	*		, 4.3 STRE	ET ADDRESS		
CITY-\$T-ZIP			4.4 CITY			
TITLE	•	DELÉTE 5.1 T		- 1	L	Change Addition
NAME	A region		5.2 NAME	1		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE			5.4 CITY-			Change Addition
· · · · · · · · · · · · · · · · · · ·	i .	☐ ottett	6.1 TITLE	i	L	Auguste Pagning
NAME Street address	·		6.2 NAME	į.		
	<u>.</u>			ET ADDRESS		İ
CITY-ST-ZIP			6.4 CITY	-01-EIF		

64 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 diseason of the copporation 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 pringed, or on an attachment with an address.