## 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              |  |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|--|
| Mar 26 1998 8:00am |  |  |  |  |  |  |  |  |
| Secretary of State |  |  |  |  |  |  |  |  |

| DOCU  | MENT                            | # J8922                          | 2 ((                         | ))                    |   |                  |  |                     |                            |
|---|---------------------------------|----------------------------------|------------------------------|-----------------------|---|------------------|--|---------------------|----------------------------|
| ĺ   |                                 | HINERY ERECTO                    | -                            | -1                    |   |                  |  |                     |                            |
| VINITE  | IONE MINO                       | amiciji Liteoft                  | ///U1 IITO!                  |                       |   |                  | LEGINE BIOLIERIA DENE HOLE HOLE HOLE RICH BIOL   |                     |                            |
| Principal Place of Business Mailing Address                           |                                 |                                  |                              |                       |   |                  |  |                     |                            |
| 1   |                                 |                                  | Mailing Addres               |                       |   |                  | Control of the contro | 41811 41811         |                            |
| 5400 W KNIGHTS GRIFFIN RD P O BOX 1767<br>P.O. BOX 1767 P.O. BOX 1767 |                                 |                                  |                              |                       |   |                  |  |                     |                            |
| PLANT CITY FL 33565 PLANT CITY FL 33564-1767                          |                                 |                                  |                              |                       | ,                                       |                  | DO NOT WRITE IN THI  | SSPACE              |                            |
| US  |                                 |                                  |                              |                       |   |                  | 3. Date Incorporated or Qualified  |                     | ł                          |
| 2. Principal Place of Business  |                                 |                                  | 2a, Mailing Ad               | 2a. Mailing Address   |   |                  | <b>08/25/1987</b> 4. FEI Number Applied For  |                     |                            |
| 21  |                                 |                                  | 26                           | 26                    |   |                  | 59-2838930   | Not Applicable      |                            |
| Suite, Apt. #, etc.   |                                 |                                  | $\vdash$                     | Suite, Apt. #, etc.   |   |                  | 5. Certificate of Status Desired   | \$8.75              |                            |
| City & State  |                                 |                                  | City & State                 | City & State          |   |                  |  | Fee Re              | <del></del>                |
| 23  |                                 |                                  | 28                           | <del></del>           |   |                  | 6. Election Campaign Financing  Trust Fund Contribution  | \$5.00<br>Added 1   |                            |
| Zip<br>24   |                                 | Country                          | Zip                          | <del>-</del>          |   |                  | This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30.      To be Description  |                     |                            |
| 24  |                                 | 25<br>and Address of Curre       | 29  <br>Int Registered Agent |                       | 30]<br>                                 |                  | Personal Property Tax due June 30.  10. Name and Address of New Registere  |                     | - NO -                     |
| ME  | RCER, JANA                      | 4                                |                              |                       | 81                                      | Name             |  | <u> </u>            |                            |
| 5400 W KNIGHTS GRIFFIN RD<br>PLANT CITY FL 33565                      |                                 |                                  |                              |                       | 82                                      | Street Ad        | Idress (P.O. Box Number is Not Acceptable)   |                     |                            |
|   |                                 |                                  |                              | 83                    |   |                  | · · · · · · · · · · · · · · · · · · ·  | ·                   |                            |
|   |                                 |                                  |                              |                       |   |                  |  |                     |                            |
|   |                                 |                                  |                              |                       | 84                                      | City             | F  | L   85   Zip (      | Code                       |
| office or   | registered age                  | ant, or both, in the Stat-       | e of Florida. Such cha       | ange was au           | thorized by                             | the corpor       | orporation submits this statement for the purpose ration's board of directors. I hereby accept the a   | of changing it      | s registered<br>registered |
| agent. I a  | am familiar wit                 | h, and accept the obliq          | gations of, Section 60       | 7. <b>0</b> 505, Flor | ida Statutes                            | · ·              | , ,  |                     |                            |
| SIGNATURE   | Signature, typed o              | or printed name of registered ac |                              | (NOTE:                |   | nt signature req | DATE DATE  |                     |                            |
| 12.   | DUDT                            | OFFICERS AF                      | ND DIRECTORS                 | DELETE                | 13.                                     |                  | ADDITIONS/CHANGES TO OFFICERS A  | ND DIRECTOR  Change | S IN 12                    |
| NAME  | PVPT L.J DELETE MERCER, SHERMAN |                                  |                              | 1.2 NAME              | 1                                       |                  | □ Change   |                     |                            |
| STREET ADDRESS  |                                 |                                  |                              |                       | 1.3 STREET                              | ADDRESS          |  |                     |                            |
| CITY-ST-ZIP   | GOSHEN OH                       |                                  |                              |                       | 1.4 CITY-ST-ZIP                         |                  | _  |                     |                            |
| TITLE   | S DELETE                        |                                  |                              | 2.1 TIFLE             |   |                  | Change   | Addition            |                            |
| NAME  | menoer, order i                 |                                  |                              |                       | . 2.2 NAME                              |                  |  |                     |                            |
| STREET ADDRESS  |                                 |                                  |                              |                       | 2.3 STREET                              | - 1              |  |                     | j                          |
| CITY-ST-ZIP<br>TITLE  | PLANT C                         | 111 tL                           |                              | DELETE                | 2.4 CITY-S<br>3.1 TITLE                 | IT - ZIP         |  | Change              | ☐ Addition                 |
| NAME  |                                 |                                  | ٠ ــــ                       |                       | 3.2 NAME                                | ļ                |  |                     |                            |
| STREET ADDRESS  |                                 |                                  |                              |                       | 3.3 STREET                              | ADDRESS          |  |                     | ľ                          |
| CITY-ST-ZIP   |                                 |                                  |                              |                       | 3.4. CITY-S                             | T-ZIP            |  |                     |                            |
| TITLE   |                                 |                                  |                              | DELETÉ                | 4.1 TITLE                               |                  |  | Change              | Addition                   |
| NAME  |                                 |                                  |                              |                       | 4. 2 NAME                               |                  |  |                     |                            |
| STREET ADDRESS  |                                 |                                  |                              |                       | 4.3 STREET                              | address          |  |                     |                            |
| CITY-ST-ZIP   | <del> </del>                    | <u> </u>                         |                              |                       | 4.4 CITY - ST                           | T-ZIP            |  |                     |                            |
| TITLE   |                                 |                                  | الما                         | DELETE                | 5.1 TITLE                               | 1                | <del></del>  | L Change            | ☐ Addition                 |
| NAME  | 1                               |                                  |                              |                       |   |                  |  |                     |                            |
| ı   | l                               |                                  |                              |                       | 5.2 NAME                                | }                |  |                     |                            |
| STREET ADDRESS  |                                 |                                  |                              |                       | 5.3 STREET                              |                  |  |                     | ļ                          |
| CITY-ST-ZIP   |                                 |                                  |                              | DELETE                | 5.3 STREET<br>5.4 CITY - S              |                  |  | Chanas              | Addition                   |
| CITY-SI-ZIP<br>TITLE  |                                 |                                  |                              | DELETE                | 5.3 STREET<br>5.4 CITY - S<br>6.1 TITLE |                  |  | ☐ Change            | Addition                   |
| CITY-ST-ZIP   |                                 |                                  |                              | DELETE                | 5.3 STREET<br>5.4 CITY - S              | T-ZIP            |  | ☐ Change            | Addition                   |

14. Thereby 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.

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(812) nEU-15/20