


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

FILED
Apr 27 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # J96928 (3)
 1. Corporation Name
BUD CHILDERS & SONS, INC.



| | |
|---|---|
| Principal Place of Business 1142 OLD OKEECHOBEE RD., #7 W PALM BEACH FL 33401 | Mailing Address 1142 OLD OKEECHOBEE RD., #7 W PALM BEACH FL 33401 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | |
|--------------------------------|------------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 10/12/1987 |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 65-0012067 |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 Country | 29 Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent
HENSELSON, LEE
2845 N. MILITARY TR.
W PALM BEACH FL 33409

10. Name and Address of New Registered Agent

| | |
|---|----------------------|
| 81 Name Michael Fairclough | 85 Zip Code 33409 |
| 82 Street Address (P.O. Box Number is Not Acceptable) General Business Services, Coco Plum Plaza Ste 8 | |
| 83 City 2845, N. Military Trail | |
| 84 City West Palm Beach FL | |

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: *[Signature]* DATE: **04/16/98**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | PSD | <input type="checkbox"/> DELETE |
| NAME | CHILDERS, ORIS R. | |
| STREET ADDRESS | 5300 BOSQUE LN #35 | |
| CITY-ST-ZIP | W PALM BEACH FL | |
| TITLE | C | <input type="checkbox"/> DELETE |
| NAME | CHILDERS, ORIS R. | |
| STREET ADDRESS | 5300 BOSQUE LN #35 | |
| CITY-ST-ZIP | W PALM BEACH FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | CHILDERS, MARIA G. | |
| STREET ADDRESS | 5300 BOSQUE LN #35 | |
| CITY-ST-ZIP | W PALM BEACH FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | CHILDERS, MARK G. | |
| STREET ADDRESS | 5300 BOSQUE LN #35 | |
| CITY-ST-ZIP | W PALM BEACH FL | |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | TD Childers mark G |
| 4.3 STREET ADDRESS | 336, Forest Hill Blvd |
| 4.4 CITY-ST-ZIP | W. Palm Beach, FL |
| 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 in an amended report with an address.

SIGNATURE: *[Signature]*

4-20-98

CR2E034 (10/97)