FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00												E				
PROFIT CORPORATION ANNUAL REPO 1998		- · · · · · · · · · · · · · · · · · · ·		Sandra Secret		RTMENT OF STATE B. Mortham ary of State CORPORATIONS				Jan 15 1998 8:00am Secretary of State						
DOCU 1. Corporation	MENT	0.	97386		(3)		•••			3	ecrei	.ary ()1 k	Sta	ale
Principal Plac		_,		Ma	ailing Addre	988										
% JOHN RAYMOND LOTT % JOHN RAYMOND 70 4TH ST NW 70 4TH ST NW WINTER HAVEN FL 33881 WINTER HAVEN FL 3											DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
2. Principal F	Place of Busin	ness		2a.	Mailing Ad	ddress					10/15/198 4. FEI Number			 -	Ap	plied For
Suite, Apt.	#, etc.	<u> </u>		26	Suite, Apt.	#, etc.					59-2860 5. Certificate of		ed 🔲		.75 /	t Applicable Additional
City & Stat	te			27	City & Sta	te			·		6. Election Can	npaign Financi		\$5	5.00	quired May Be
Zip		Country 25	7	28	Zìp		Cou	ntry			7rust Fund 0				ar Inta	o Fees angible No
27;	g. Name	,	ss of Current F		ered Agen	nt	1301				10. Name and					1140
LO.	TT, JOHN F	RAYMOND						81	Name							
	4TH ST NV						}	82	Street	Addres	ss (P.O. Box Num	ber is Not Aco	eptable)			
WIN	NTER HAVE	N FL 3388	1				-	83					-,,			
								83								
								84	City				F	85	Zip (ode
11. Pursuant office or r agent. I a	to the provis registered ag im familiar wi	ions of Secti ent, or both th, and acce	ons 607.0502 a in the State of ept the obligation	and 60 Florid	7.1508, Fio a. Such ch Section 60	orida Statuti ange was a 07.0505, Flo	es, the ab authorized orida Statu	ove- l by tage.	named the corp	l corpor poration	ration submits this n's board of direc	statement for tors. I hereby a			ing its	registered registered
SIGNATURE																
12.	Signature, typed		of registered agent a FICERS AND E			(NOT)	E. Registered 13.	Agent	t signature	beriuper e	when reinstating)	LIANOCO TO C	DATE	ום חוחבי	OTOB	2.01.40
TITLE	D		TOLING MAD E	211120		DELETE	1.1 T(T	Œ			ADDITIONS/C	HANGES TO C	OPPICERS AN			Addition
NAME	LOTT, JO	OHN RAYM	IOND				1,2 NAI	ME							_	
STREET ADDRESS	70 4TH						1.3 STF	REET A	DDRESS			~				
CITY - ST - ZIP	WINTER	HAVEN FL	·			DELETE	1,4 CIT 2,1 TIT		-ZIP							The Addition
NAME						DECETE	2.3 HH								ange	Addition
STREET ADDRESS	i								DDRESS							
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NAME STREET ADORESS							5.2 NAM		DDDGGG							
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TITLE						DELETE	6.1 TITE		~"		·		.	Cha	inge	Addition

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:

SIGNATURE REQUIES A 441-294-1299

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS