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

PROFIT CORPORATION ANNUAL REPORT.



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

K07577

CDIDITE-D-HC INC

(5)

Secretary of State

FILED

May 20 1998 8:00am

/A071831_1855

3FINIT	omuo, i	NU.						
Principal Place of Business Mailing Address								
1850 E MAIN	850 E MAIN ST							
LEESBURG FL 34748				LEESBURG FL 34748				DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified 12/17/1987
2. Principal F	Place of Busi	ness	28.	Mailing Address				4. FEI Number Applied For
21				26				59-2868491 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22				27				5. Certificate or status besiled Fee Required
! Citv & State				City & State				6. Election Campaign Financing \$5.00 May Be
23			28					Trust Fund Contribution Added to Fees
Zip 24	· — ·			Zip	<u> </u>			8. This corporation owes or has paid the current year Intangible
[24]	o Name	25 and Address of Curre	29 Regist	tored Agent	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
00		·	n riegia	torea regent		81	Name	
	DERTS, AL						1401110	·
		BANKS AVE				82	Street A	t Address (P.O. Box Number is Not Acceptable)
1 141	NIEN PANI	K FL 32789				83		
-								
						84	City	FL 85 Zip Code
11. Pursuant	to the provis	ions of Sections 607 050)2 and 60	07.1508 Florida Statu	ites, the	above	a-named o	d corporation submits this statement for the purpose of changing its registered
office or i	registered ac	gent, or both, in the State	of Floric	la. Such change was	authoriz	ed by	the corp	rporation's board of directors. I hereby accept the appointment as registered
	am tamiliar w	ith, and accept he coilg	ations of	. Section 307 0505, F	iorida Si	atutes	i.	
SIGNATURE	Signature typed	tor proted sales of regedered age	ent and felia.	antilicatile (NO	IL Registe	≠ red Aae	n! sicina'ute r	te required when reinstating) DATE
12.		OFFICERS AN			13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VSD			DELETE	1.1	TITLE		Change Addition
NAME	CHRIST	ENSEN, GERALD K			1.2	NAME		
STREET ADDRESS	1850 S.	. HWY. 441			1.3	STREET	ADDRESS	
CITY-ST-ZIP	LEESBL	JRG FL			1.4	CITY-S	T - ZŧP	
TITLE	PTD			DELETE	2.1	TITLE		Change Addition
NAME	PINTER	, MICHAEL E JR			2.2	NAME		
STREET ADDRESS					23 STREET ADDRESS		address	
CITY-ST-ZIP	LEESBU	IRG FL			2.4	CITY-S	T-ZIP	
TITLE				☐ DELETE	31	TITLE	T	Change Addition
NAME					32	NAME		
STREET ADDRESS					33	STHEET	address	
CITY-ST-ZIP	ļ. <u></u>				_	CITY-S	T-ZIP	
TITLE				DELETE	4.1	TITLE		Change Addition
NAME					4.2	NAME		
STREET ADDRESS					4.3	STREET.	ADDRESS	
CITY - ST - ZIP					4.4	CITY-SI	I-ZIP	
TITLE				DELETE	5.1	TITLE		Change Addition
NAME					5.2	NAME	1	
STREET ADDRESS					5.3	STREET	ADDRESS	,
CITY-ST-ZIP						CITY-SI	r-21P	,
TITLE				☐ DELETE	6.1	TITLE		Change Addition
NAME					6.2	NAME		
STREET ADDRESS					6.3	STREET	ADDRESS	
CITY-ST-ZIP					6.4	CITY-SI	r- 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if Physiot, or on an attachment with an address.

MICHAEL E. PINTER JR.