

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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K31683** (1)  
1. Corporation Name  
**FLORIDA HEADQUARTERS CORP.**



Principal Place of Business <b>RT. 3. WILL DUKE RD. P.O. BOX 1087 WAUCHULA FL 33873</b>	Mailing Address <b>RT. 3. WILL DUKE RD. P.O. BOX 1087 WAUCHULA FL 33873</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 194 Will Duke Road</b> Suite, Apt. #, etc. <b>22 P.O. Box 1087</b> City & State <b>23 Wauchula, FL 33873</b> Zip <b>24</b> Country <b>25</b>		2a. Mailing Address <b>26 P.O. Box 1087</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Wauchula, FL 33873</b> Zip <b>29</b> Country <b>30</b>		3. Date Incorporated or Qualified <b>08/24/1988</b>	
		4. FEI Number <b>65-0068216</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>DAVIS, EDGAR L., SR. 194 WILL DUKE RD. P.O. BOX 1087 WAUCHULA FL 33873</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	DAVIS, EDGAR L., SR.	12 NAME	
STREET ADDRESS	194 WILL DUKE RD.	13 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	D
NAME	DAVIS, EDGAR L., JR.	22 NAME	Edgar L. Davis, Jr.
STREET ADDRESS	RT. E. WILL DUKE RD.	23 STREET ADDRESS	194 Will Duke Road
CITY-ST-ZIP	WAUCHULA FL	24 CITY-ST-ZIP	Wauchula, FL 33873
TITLE	ST	31 TITLE	
NAME	BEST, GAIL D.	32 NAME	
STREET ADDRESS	S. BAILEY RD.	33 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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 attachment with an address.

SIGNATURE: 

4/29/98 (941) 773-4159

CP2E034 (10/97)