SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K5755

(4)

FILED Oct 01 1998 8:00am Secretary of State

PANTHER SPECIALTIES, INC.										
Principal Place of Business Mailing Address										
2605 NE 3RD S	STREET		2875 NI	E 3RD STREET						
OCALA FL 34470 OCALA FL 34470										
								DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified		
2. Principal P	logo al Busic		7.3.2.14	III Adda				01/04/1989		
21 Principal Pi	lace of pusir	iess	h	2a. Mailing Address				4. FEI Number Applied For		
Suite, Apt.	# etc	*		Suite, Apt. #, etc.				59-2927148 Not Applicable \$8.75 Additional		
22	, 0.01		⊢-¬	27				5. Certificate of Status Desired Fee Required		
City & State	e		. e. o same con a decembrance	City & State				6. Election Campaign Financing \$5.00 May Be		
23			28	28				Trust Fund Contribution Added to Fees		
Zip				Zip Country				8. This corporation owes or has paid the current year intangible		
24	25		29					Personal Property Tax due June 30. Yes No		
	9. Name	and Address of Curr	ent Registere	d Agent				10. Name and Address of New Registered Agent		
SELLERS, PAUL M						81	Name			
2605 NE 3 RD ST						82	Street Addr	ddress (P.O. Box Number is Not Acceptable)		
OCALA FL 34470										
					83					
						84	City	85 Zip Code		
								FL 100 LF 00000		
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										
	Signalum, typed	or printed name of registered a				red Ap	ent signature requ	ulred when reinstating) DATE		
12.	Р —	OFFICERS	ND DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	•	DALII M		☐ DELETE				Change Addition		
	SELLERS, PAUL M RESS 2605 N.E. 3RD ST.			1.2 NA			4.D.D.D.G.G.G.			
STREET ADDRESS	00000						ADDRESS			
CITY-ST-ZIP TITLE	UUMLA F	<u>L</u>			1.4 CI 2.1 TI	TY-ST-	ZIP	A		
NAME				L DELETE	2.2 NA			Change Addition		
STREET ADDRESS							ADDRESS			
ľ					4			:		
CITY-ST-ZIP TITLE				December	2.4 C/ 3.1 T/		ZIP	i obassa Datawa		
NAME				L_] DELETE	3.2 NA			Change Addition		
STREET ADDRESS					1		ADDRESS			
CITY-\$T-ZIP					3.4 CI					
TITLE				DELETE	4.1 TO		211	Channe D Addition		
NAME				☐ bereit	4.2 NA			Change Addition		
STREET ADDRESS	•						ADDRESS			
CITY-ST-ZIP					4.4 CF					
TITLE				DELETE	5.1 TIT			Change Addition		
NAME				0	5.2 NA			La Change La Adollon		
STREET ADDRESS					1		ADDRESS			
CITY-ST-ZIP					5.4 Cf		1			
TITLE				DELETE	6.1 TIT			Change Addition		
NAME					6.2 NA			Caroling Caroling		
STREET ADDRESS							ADDRES\$			
CITY-ST-ZIP					6.4 CI					
14 Lharaby on	rtifu that the	information aunalised un	th this filing do	no not avalify for th				tion 440 07/2Vi). Claside Clatuten I further partity that the information		

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 concoration or the receiver or frustee 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 TOUR MICE

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