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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(2)

FILED

Apr 24 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address \$ J. BEN WATKINS 41 COMMERCE STREET APALACHICOLA FL 32320 APALACHICOLA FL 32320					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 05/08/1989	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 59-2947006	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	-		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	· •		8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
141	9. Name and Address of Curre	iii ueAisialan waaiii		11 Name	10. Harris and Maniese of the Holiston	
WATKINS, J. BEN 41 COMMERCE STREET					(D.C. David, unbay in blot Accordable)	
APALACHICOLA FL FL 32320				Street Add	ress (P.O. Box Number is Not Acceptable)	
			1	3		
			ļī.	4 City		85 Zip Code
		on John Con Florida Prot		nus samed core		
11. Pursuant office or i	to the provisions of Sections 607.05 registered agent, or both, in the Stat	te of Florida. Such change wa	s authorized	by the corporal	poration submits this statement for the purposition's board of directors. I hereby accept the	appointment as registered
agent. I a	ım lamiliar with, and accept the obliq	gations of, Section 607.0505,	Florida Statu	tes.	···v	
SIGNATURE	Signature, typod or printed name of registered a	gent and title if applicable (N	OTE: Registered	Agent signature requi	red when reinstating) DAT	<u> </u>
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PO DELETE		1.1 TITE	E		Change Addition
NAME	RICHARDS, ALBERT H.		1.2 NAA	1E		
STREET ADDRESS			1.3 STR	EET ADDRESS	•	
CITY-ST-ZIP	APALACHICOLA FL		1.4 CITY	/-ST-ZIP		
TITLE			2.1 TITL	E		Change Addition
NAME	INGRAM, ROGER LADON		2.2 NAN	AE .		
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP	APALACHICOLA FL	Distre		Y-ST-ZIP		Change Addition
TITLE	STD DELETE		3.1 TITL			Change C Vocabil
NAME	WATKINS, J. BEN		3.2 NAM	i		
STREET ADDRESS	41 COMMERCE STREET			EET ADDRESS		
CITY - ST - ZIP			3.4. CIT 4.1 TiTU	Y-ST-ZIP		Change Addition
TITLE		beerte	4.1 III.			
NAME CTOSET ADDRESS				EET ADDRESS		
STREET ADDRESS	·····		1	r-St-ZIP		
CITY-ST-ZIP TITLE		DELETE	5.1 TITU			☐ Change ☐ Addition
NAME		<u></u>	5.2 NAM			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP	•			Y-ST-ZIP		
TITLE	DELETE		5.1 TIT			Change Addition
NAME		_	6.2 NAJ			į
STREET ADDRESS				EET ADDRESS		ļ
CITY-ST-ZIP				Y-ST-ZIP		
OHIT-OI-EN		with this filing close not qualify			Section 119 07(3)(i). Florida Statutes, I furthe	r certify that the information

Thereby certify that the information supplied with this litting does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplimental ampfall 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 of trustee encovered 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 afficiency with an apprecia

SIGNATURE: