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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K96895

(3)

FILED Jan 26 1998 8:00am Secretary of State

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Principal Plac	ce of Busines	SS	Maili	ng Address				<u></u> }		
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	P. O. BOX 1			N. MAIN, P. O. B						
ALACHUA FL 32616 ALACHUA FL 32616								DO NOT WRITE IN TH	S SPACE	· · · · · · · · · · · · · · · · · · ·
US			US					3. Date Incorporated or Qualified		
								06/20/1989		
2. Principal Place of Business		 	2a. Mailing Address				4. FEI Number		Applied For	
21 Suite Ant	Principal Place of Business Suite, Apt. #, etc.			Suite, Apt. #, etc.				59-2955171		Not Applicable
Suite, Apt. #, etc.								5. Certificate of Status Desired		75 Additional e Required
City & State				27 City & State				# Floring Committee Floring		
23				28				Election Campaign Financing Trust Fund Contribution	, 3 5,	.00 May Be ded to Fees
Zip		Country		ip	Co	untry		8. This corporation owes or has paid the		
24		25	29		30			Personal Property Tax due June 30.	Yes	□ No
	g. Name	and Address of Curre	ent Register	ed Agent	·			10. Name and Address of New Registers	d Agent	
тн	IOMAS F T	OMBERLIN				18	Name			
60	N MAIN S	TREET				82	Street Addr	ress (P.O. Box Number Is Not Acceptable)	 =	
AL	achua fl	32615								
						83				
						84	City	_	85	Zip Code
						1	,			
11. Pursuant	to the provis	ilons of Sections 607.05	502 and 607. te of Florida	1508, Florida Sta	itutes, the a	above	-named corp	poration submits this statement for the purpose ion's board of directors, I hereby accept the a	of changi	ng its registered
agent. I a	am familiar w	ith, and accept the obli	gations of, S	ection 607.0505,	Florida Sta	tutes).	ions bound of directors, thereby booept the b	ppointmen	t as registered
SIGNATURE				· · · · · · -						
	Signature, typed	or printed name of registered a	<u> </u>			ed Ager	nt signature require	ed when reinstating) DATE ADDITION OF THE PROPERTY OF THE PR		
12.		or printed name of registered a OFFICERS AI	<u> </u>	DRS	13.		nt signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	
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14. I hereby certify that the information supplied with this filling 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.

904-462-5997