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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1998 8:00am

Sandra B. Mortham

CORPORATION ANNUAL REPORT 1998			Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Secretary of State
1. Corporation	MENT # L	_68023 SERVICE, INC.	(5)			I PERMURU AND ANNAL LASIN ADING MIRRA THAI AYAN AYAN AYAN AYAN AYAN ALAN ALAN LASI
Principal Place	of Business	Ma	Mailing Address			I (antifet 218 finet 1211) 26412 trong till 21211 24211 24211 Attest 64641 State (cen
ROUTE 2. BO CLEWISTON F			ROUTE 2. BOX 1116 CLEWISTON FL 33440			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
9 Principal P	ace of Business	20	Mailing Address			04/18/1990 4. FEI Number Applied For
21	ace or Expanses.	3 26	Walling / Kithoss			65-0196376 Not Applicable
Suite, Apt.	#, etc.		Suite, Apt #, etc.			Certificate of Status Desired Section
City & State	•		City & State			6. Election Campaign Financing \$5.00 May Be
Zip	Cour				Trust Fund Contribution	
24	<u></u> ⊢₁	[25] [29] [30]		_	y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
<u></u>		fress of Current Registe				10. Name and Address of New Registered Agent
STO	ONECIPHER, M. DA	N .		В	1 Name	
ROUTE 2, BOX 1116				8:	2 Street Add	iress (P.O. Box Number is Not Acceptable)
CLE	WISTON FL 33440					
				8	3	
				8	4 City	FL 85 Zip Code
11 Pursuant	o the provisions of S	ections 607 0502 and 60	7 1508 Florida Statute	s the abo	ve-named con	poration submits this statement for the purpose of changing its registered
office or re	e gister ed agent, or bi	oth, in the State of Florid ocept the obligations of,	a. Such change was au	uthorized b	by the corpora	tition's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed in	ame of registered agent and pile	applicable (NOTE	Fing stered A	gent signature requ	ired when reinstating) DATE
12.		OFFICERS AND DIREC		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPT		☐ DILETE	117171.6		Change Addition
NAME	STONECIPHER,			1.2 NAMI		
STREET ADDRESS	AL TIL ((ATAL)				FT ADDRESS	
CITY-ST-ZIP TITLE	S		DELETE	1.4 CITY - 2.1 TITLE		Change Addition
NAME	STONECIPHER,	M. DAN		22 NAM!		_ , _
STREET ADDRESS	RT. 2, BOX 1110			2.3 S1RE	T ADDRESS	
CITY-ST-ZIP	CLEWISTON FL			2. 4 CITY	- ST - ZIP	
TITLE			DELETE	3.1 TITLE	ļ	☐ Change ☐ Addition
NAME				3.2 NAME	Y	
STREET ADDRESS					ET ADDRESS	
CITY-ST-ZIP TITLE			DELETE	3.4. CITY 4.1 TITLE	· SI · ZIP	☐ Change ☐ Addition
NAME				4. 2 NAM	E	
STREET ADDRESS				1	T ADDRESS	
CITY-ST-ZIP				4.4 CITY	ST-ZIP	
TITLE			DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME				5.2 NAME		
STREET ADDRESS					ET ADDRESS	
CITY-ST-ZIP			DELETE	5.4 CITY-		Change Addition
TITLE NAME			L DECER	6.1 TITLE	Į .	Cumako D Vadician
STREET ADDRESS					ET ADDRESS	
				1		

6.4 CITY-ST-ZIP

14. Thereby 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 recover of trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charging it, or or attraction of the corporation of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charging it, or or or attraction of the corporation of the corp