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 #

(7)

FILED								
Mar 03 1998 8:00an	1							
Secretary of State								

FRIEN	DSHIP MOTORS PERRY (COMPANY					
Principal Plac	e of Business	Mailing Address			-{	DIQUI QUQUI QUBEI Q	
1416 W. BASE ST. P.O. BOX 277 MADISON FL 32340 ST. MARKS FL 32355 US US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	·· · · · · · · · · · · · · · · · · · ·	
					06/04/1990		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For
26					59-3013658	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	·	Additional
22		27				Fee R	equired
City & Stat	ө	City & State			6. Election Campaign Financing		May Be
23	On the second	28			Trust Fund Contribution	-	to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the		
24	25 9. Name and Address of Curr	29 29 Apart Registered Apart	30		Personal Property Tax due June 30. 10. Name and Address of New Registere		_ No
10		ont neglatorou Agent	81	Name	IV. Indine and Address of them negisters	a wasiii	
	NES, E. HOWARD			7 44.110			
	NEWPORT ROAD		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
31	. MARKS FL 32355		83				
			84	City	F	85 Zip	Code
11 Pureuant	to the provisions of Sections 607.0	502 and 607 1508 Florida Statute	ne the above	named cores			to registered
office or r	egistered agent, or both, in the Sta	ale of Florida. Such change was a	uthorized by	the corporation	pration submits this statement for the purpose on's board of directors. I hereby accept the a	ppointment as	registered
agent la	m familiar with, and accept the ob-	ligations of, Section 607.0505, Flo	rida Statutes.				-
SIGNATURE	Signature, typed or printed name of registered	exant and tills if arriveable (MOTE	- Penistored Agen	t cianat va raquira	d when reinstating) DATE		
12.		AND DIRECTORS	13.	it digitatore require	ADDITIONS/CHANGES TO OFFICERS A		3S IN 12
TITLE	D	DELETE	1.1 TITLE			Change	Addition
NAME	JONES, E. HOWARD		1.2 NAME			•	
STREET ADDRESS	AGOS ALIGNI OPPOLE		1.3 STREET A	ADDRESS	•		
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-				
TITLE	D	DELETE	2.1 TITLE			Change	Addition
NAME	JONES, EDWIN H.		2.2 NAME			•	
STREET ADDRESS	750 DUPARC CIRCLE		2.3 STREET A	ADDRESS	7.5		
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CITY - ST		·		
TITLE		DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME			•	
STREET ADDRESS			3.3 STREET A	ADDRESS			
CITY-ST-ZIP		•	3.4. CITY - ST				
TITLE	- "	DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME			· ·	
STREET ADDRESS			4.3 STREET A	address			
CITY-ST-ZIP			4.4 CITY-ST-				Į
TITLE		DELETE	5.1 TITLE		• • • • • • • • • • • • • • • • • • • •	Change	Addition
NAME			5.2 NAME			· ·	
STREET ADDRESS			5.3 STREET A	iddress			
CITY-ST-ZIP			5.4 CITY - ST -				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET A	DDRESS			
			6.4 CITY-ST-	ı			
CITY-SY-ZIP							

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 chapted, or on an attachment with an address.