## 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

imej	AND J HAULING CORPORA	ITION OF INDIAN HIVE	H		
Principal Plac	e of Business	Mailing Address			4 INIT BIBIT BIBIT BIBIT BIBIT BIBIT BEBIT (BB)
2015 9TH ST S.W. VERO BEACH FL 32963		531 INDIAN HARBOR ROA VERO BEACH FL 32963	ND		
		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	1
Dringing C	Place of Business	2a. Mailing Address		07/20/1990	I I I I I I I I I I I I I I I I I I I
<b>—</b> '	Tace or Business	<del>  -</del> 1		4. FEI Number	Applied For
Suite, Apt.	# etc.	Suite, Apt. #, etc.		65-0213485	Not Applicable  \$8.75 Additional
22	.,	27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has a	paid the current year Intangible
24	25		30	Personal Property Tax due Jur	
	9. Name and Address of Curren	i Registered Agent	-	10. Name and Address of New F	Registered Agent
	HAIRE, MICHAEL		81 Name	ines M. Bec	Kleu
	11 CARDINAL DR		82 Street Add	dress (P.O. Box Number is Not Accept	able)
VE	RO BEACH FL 32963		83	15 472 Stree	F S.W.
			63		
			84 City 10	ca R == 10	85 Zip Code
44 Pursuant	to the provisions of Sections 607.0500	2 and 607 1609 Florida Statutor	the above named co	rogation submits this statement for the	FL 3390 a
office or i	registered agent, or both, in the State	of Florga, Wich change was at	thorized by the corpora	rporation submits this statement for the ation's board of directors. I hereby acc	ept the appointment as registered
agent. I a	im familiar with, and a cept the obliga	tions 11, Station 607.0505/Flor	ida Statutes.		
SIGNATURE	Signate e typed or innted name of tag-sterod agur	nt and title it applicable (NOTE	Registered Agent signature requ	Lived when reinstating)	DATE
12.	OFFICERS AND		13.		ICERS AND DIRECTORS IN 12
TITLE	ÓP .	DELETE	1.1 TITLE		Change Addition
NAME	MORRISON, JOHN J.		1.2 NAME		
STREET ADDRESS	531 INDIAN HARBOR RD.		1.3 STREET ADDRESS		
CITY - ST - ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		Change Addition
NAME	MORRISON, BARBARA M.		2 2 NAME		!
STREET ADDRESS	531 INDIAN HARBOR RD.		2 3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		2 4 CITY - ST - ZIP		
TITLE	DV	DELETE	3 1 TITLE		Change
NAME	BECKLEY, JAMES, M.		3 2 NAME	01.04	<b>~</b> 12
STREET ADDRESS	901 PAINTED BURTING LANE	•	3.3 STREET ADDRESS	2015 941 Street 1800 Beach, Pla	SiW.
CITY - ST - ZIP	VERO BEACH FL		3.4. CITY-ST-ZIP	1ero Beach, Pla	33963
TITLE	DS	DELETE	4.1 TITLE		* L Change L Addition
NAME	BECKLEY, LYNN M.	i •	4. 2 NAMF		
STREET ADDRESS	901 PAINTED BURTING LANE		4.3 STREET ADDRESS		
CITY - S1 - ZIP	VERO BEACH FL	DELETE	4.4 CITY-ST-ZIP		Ct
TITLE		DELETÉ	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	54 CiTY-ST-ZiP 61 TITLE		Change Addition
TITLE		C Diffic			L. Shange L. Radiilon
NAME expect annueue			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 eath; 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.

**FILED** Feb 16 1998 8:00am Secretary of State