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 # M07997

(3)

FILED Jan 22 1998 8:00am Secretary of State

| Principal Place of Business 910 OKEECHOBEE BLVD. CLEWISTON FL 33440 2. Principal Place of Business 2a. Mailing Address 2. Principal Place of Business 2a. Mailing Address 2b. Vincipal Place of Business 2c. Principal Place of Business 2d. Mailing Address 4. FEI Number 59-2469476 Not Applied For Suite, Apt #, etc. 2d. State City & State Country Zip Country Zip Country Zip Country 3. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Personal Property Tax due June 30. Not Applied For Not Applied |
|--|
| Principal Place of Business 910 OKEECHOBEE BLVD. CLEWISTON FL 33440 910 OKEECHOBEE BLVD. CLEWISTON FL 33440 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/20/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2469476 Not Applied For Not Applied For Not Applied For Not Applied For Suite, Apt #, etc. 22 5. Certificate of Status Desired Fee Required City & State City & State City & State City & State 28 Country Countr |
| CLEWISTON FL 33440 CLEWISTON FL 33440 DO NOT WRITE IN THIS SPACE |
| 3. Date Incorporated or Qualified 11/20/1984 2. Principal Place of Business 2a. Mailing Address 4. FE! Number 59-2469476 Not Applied For Not Applied For Not Applied For Suite, Apt. #, etc. 27 5. Certificate of Status Desired City & State City & State City & State 28 City & State |
| 2. Principal Place of Business 2. Mailing Address 2. Suite, Apt #, etc. 2. Suite, Apt #, etc. 2. City & State 2. City & State 2. City & State 2. Country 2. Country 2. Doubt Place of Business 2. Mailing Address 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 7. Added to Fees 8. This corporation owes or has paid the current year Intangible 7. Personal Property Tax due June 30. Yes No |
| 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2469476 Not Applied For Suite, Apt #, etc. 27 5. Certificate of Status Desired Fee Required City & State City & State City & State City & State 28 Country Country Country Country Zip Country Zip Country State Country State Country State Applied For Not Applied For N |
| 21 26 59-2469476 Not Applicable Suite, Apt #, etc. 22 27 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing Free Required City & State 7. Country 7. Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |
| Suite, Apt #, etc. 22 City & State City & State City & State City & State Country Coun |
| City & State City & C |
| 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ✓ Yes ☐ No |
| Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes No |
| 24 25 29 30 Personal Property Tax due June 30. X Yes \(\sqrt{No}\) |
| |
| |
| 91 Name |
| ABEL, GARY M. 612 SAGINAW 82 Street Address (P.O. Box Number is Not Acceptable) |
| 612 SAGINAW 612 Street Address (P.O. Box Number is Not Acceptable) CLEWISTON FL 33440 |
| 83 83 |
| ad Oh |
| B4 City FL 85 Zip Code |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am agailiar with, and accept the obligations of Section 607.0505, Florida Statutes. |
| office or registered agent, or both, in the state or horida. Such charged by the corporation's board or directors. I hereby accept the appointment as registered agent, I am gastligar with, and accept the obligations of, Section 607.0505, Floridas flattites. |
| SIGNATURE GAMM M. HBEL DV James Alle |
| Signature, rylind or printed harme of registered agent and title if applicable. TADY Registered Agent signature (Woured when reinstating) DATE |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DST DELETE 1.1 TITLE Change Addition |
| |
| NAME HAMLIN, MAHVIN 1.2 NAME STREET ADDRESS 4987 PRIETO DRIVE 1.3 STREET ADDRESS |
| CITY-ST-ZIP PENSACOLA FL 14 CITY-ST-ZIP |
| TIFLE DP DELETE 2.1 TITLE Change Addition |
| NAME MILLER, ROBERT J 22 NAME |
| STREET ADDRESS 526 E DELMONTE 2.3 STREET ADDRESS |
| CITY-ST-ZIP CLEWISTON FL 2: 4 CITY-ST-ZIP |
| Di Change Addition |
| NAME ABEL, GARY STREET ADDRESS 612 SAGINAW 3.2 NAME ABEL. GARY 3.2 NAME ABEL. GARY 3.2 NAME ABEL. GARY |
| STREET ADDRESS 612 SAGINAW 33 STREET ADDRESS /// R. D. C. |
| CITY-ST-ZIP CLEWISTON FL 3.4. CITY-ST-ZIP CLOW, SYON, FL 33440 |
| TITLE DV DELETE 4.1 YITLE Change Addition |
| NAME WARD, CARLTON 4.2 NAME |
| STREET ADDRESS 1230 HANTON 4.3 STREET ADDRESS |
| CITY-ST-ZIP FT. MYERS FL 4.4 CITY-ST-ZIP TITE DELETE 5.1 TITLE Change Addition |
| |
| NAME 5.2 NAME |
| STREET ADDRESS 5.3 STREET ADDRESS 5.4 OUT OF THE |
| CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition |
| NAME 62 NAME |
| STREET ADDRESS 6.3 STREET ADDRESS |
| CITY-ST-ZIP 6.4 CITY-ST-ZIP |
| 14. 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 |

consider the copyrights of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in a Block 13 if changed, or on an attachment with an address.