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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1998 8:00am

Secretary of State

☐ Change

Change

Addition

Addition

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	MENT # M813 CKTOWN, INC.	884	(3)					
Principal Place of Business Mailing Address							 	
% JACOB GII 12630 LILLIAN PENSACOLA US	N HWY		PO BOX 119 LILLIAN AL 36549			DO NOT WRITE IN THIS SPACE		
UQ						3. Date Incorporated or Qualified 05/13/1988		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	- I An	plied For
21		26	├─┐			59-2943592	— — —	t Applicable
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	Additional
City & State City & Sta			ite			B. Election Campaign Financing	\$5.00	May Bo
28						Trust Fund Contribution	Added to	
Zip	Country	Zip		Country		8. This corporation owes or has paid the ci	rrept year Inte	angible
24	25 29 3			Personal Property Tax due June 30. 🚺 Yes 🔲 No			No	
	9. Name and Address of Cu	·	ent	81		10. Name and Address of New Registered	Agent	
CORPORATION SERVICE COMPANY					Name			
1201 HAYS STREET					Street Add	iress (P.O. Box Number is Not Acceptable)		
IAI	LLAHASSEE FL 32301			83				
				183				
				84	City	FI	85 Zip C	ode
11. Pursuant office or r agent. I a	to the provisions of Sections 607, registered agent, or both, in the S am familiar with, and accept the of	.0502 and 607.1508, Itale of Florida. Such bligations of, Section	Florida Statutes, th change was autho 607.0505, Florida	ne above rized by Statutes	e-named cor the corpora s.	poration submits this statement for the purpose attion's board of directors. I hereby accept the ap	_ (registered registered
SIGNATURE	Classified broad or revoled prove of march	d agent and the if any health	AKVIT Flor	blood Acc		ired when reinstating) DATE		
				13.	ini signature requ	ADDITIONS/CHANGES TO OFFICERS AN	D DIBECTOR:	S IN 12
TITLE	D DELETE			1.1 TITLE		NODITION OF THE PROPERTY OF TH	Change	Addition
NAME	GINGERICH, JACOB		1.2 NAME	1				
STREET ADDRESS	2122 CR 500			1.3 STREET	ADDRESS 1	005 Beaver Creek hau Bauffeld CO 81122	och Da	ive.
CITY-ST-ZIP	BAYFIELD CO 81122	BAYFIELD CO 81122		1.4 CITY-ST-ZIP		Roylett CO BUSA		. •
TITLE	DELETE			2.1 TITLE		sufficient Crise	Change	Addition
NAME				2.2 NAME				
STREET ADDRESS				2 3 STREET	ADDRESS			
CITY-ST-ZIP				2 4 CITY-5	ST-ZIP			
TITLE			DELETE	3 1 TITLE			Change	Addition
NAME				3 2 NAME	Ì			
STREET ADDRESS				3.3 STAEET	ADDRESS			
CITY-ST-ZIP				3.4. CITY - 9	ST-ZIP			
TITLE				4.1 TITLE			Change	Addition
NAME			▮.	4. 2 NAME				

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 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

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-\$T-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME