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

1	MENT # M8307 ATION AT LEESBURG REA	• •						
Principal Place of Business Mailing Address							Ribii dibii di	iil eir II safi
25201 US HIGHWAY 27 S LEESBURG FL 34748 US		25201 US HIGHWAY 27 S LEESBURG FL 34748 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
						05/25/1988		
	lace of Business	2a. Mailing Address				4. FEI Number		pplied For
21	# ato	26 Suite Ast # etc	Suite, Apt. #, etc.			58-1793994		lot Applicable
22 Suite, Apt.	–					5. Certificate of Status Desired		Additional leguired
City & Stat	9	City & State		-		Election Campaign Financing Trust Fund Contribution	\$5.00	May Be
Zip	Country	Zip	Cou	untry	/	8. This corporation owes or has paid the cur	rent year Ir	ntangible
24	25	29	30					☐ No
9, Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered	Agent	
EARL IT INICLE				81	Name			
				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
4TH FLOOR LEESBURG FL 34748				83				
LEESBUNG FL 34746				L				
				84	City	FL	85 Zip	Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Starm familiar with send accentable oblimation, which are accentable oblimations or registered a					rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	changing ointment as	its registered s registered
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	DT	☐ DELETE	1.1 To	TLE			☐ Change	Addition
NAME	COBLE, R. LARRY		1.2 N	AME				
STREET ADDRESS	25201 HWY 27		1.3 5	TREET	ADDRESS			ļi
CITY-ST-ZIP					ST-ZIP	<u></u>	Change	
TITLE	DP DELETE 21T						Change	☐ Addition
NAME STREET ADDRESS	THIELE, EARL H 25201 HWY 27		22 N		ADDRESS	•		
CITY-ST-ZIP	LEESBURG FL				ST-ZIP			
TITLE	LECODORIO FL	DELETE 3.11		_	51-2IF		Change	Addition
NAME		_	3.2 N				_ •	_
STREET ADDRESS			3.3 S	REET	ADDRESS			-
CITY-ST-ZIP					ST-ZIP			1
TITLE		DELETE	4.1 TI	TLE			Change	Addition
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP			4.4 C	ITY-S	T-ZIP			
TITLE		DELETE	5.1 TJ	TLE			Change	☐ Addition
NAME			5.2 N/	AME				
STREET ADDRESS			5.3 \$1	TREET	ADDRESS			1
CITY-ST-ZIP		F1	5.4 CI		T- ZIP		<u> </u>	12200
I TITLE		T DELETE	6170	T) F			i ilinande	Addition 1

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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Earl H. Thiele, President 352-326-4170

FILED

Feb 27 1998 8:00am

Secretary of State