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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 02 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

M91100

(1)

Principal Plac	TY-FIRST CENTURY PRODU te of Business ab F. DOWNS RE CIRCLE	Mailing Address C/O EDWARD F. DOWNS 510 N. SHORE CIRCLE LYNN HAVEN FL 32444				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
						07/27/1988		
	lace of Business	2a. Mailing Address				4. FEI Number	A	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.				59-2961280		lot Applicable
22	.,	27				5. Certificate of Status Desired		Additional Required
City & Stat	9	City & State				6. Election Campaign Financing		May Be
23	<u>-</u>	26				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the c		
24	9, Name and Address of Currer	29	30			Personal Property Tax due June 30. 10. Name and Address of New Registerer		No
	OWNS, EDWARD F.	it riogistorou Agorit		81	Name	IV. Name and Address of New Registered	Agent	
	O N. SHORE CIRCLE			-	-67			
	'NN HAVEN FL 32444	82 Street Addr		ress (P.O. Box Number is Not Acceptable)				
				83	* /			
				84	City		85 Zip	Code
44 0					•	FI	_ ' '	
signature	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typod or printed name of registered age	ations of, Section 607.0505	, Florida Stati	utes	'	poration submits this statement for the purpose ion's board of directors. I hereby accept the appearance of when reinstating)	pointment as	registered
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE			1.1 117	1.1 TITLE			Change	Addition
NAME	DOWNS, EDWARD F., JR.		1.2 NAME					
STREET ADDRESS	1802 NEW JERSEY AVE.		1.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	LYNN HAVEN FL	DELETE		1.4 CITY - ST - ZIP 2.1 TITLE				
NAME	DOWNS, EDWARD F.			2.2 NAME			Change	Addition
STREET ADDRESS	510 NO. SHORE CIR.				ADDRESS			
CITY-ST-ZIP	I VAIN MANCH CI			2. 4 CITY - ST - ZIP				
TITLE				3.1 TITLE		7.11-1.11	Change	Addition
NAME			3.2 NA	ME				
STREET ADDRESS			3 3 517	AEET A	DDRESS			
CITY-ST-ZIP			3.4. CIT	3.4. CITY - ST - ZIP				
TITLE	DELETE		4.1 701	4.1 TITLE			Change	Addition
NAME			4. 2 NA	ME				ĺ
STREET ADDRESS			4.3 STF	REET A	DDRESS			
CITY-ST-ZIP				4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5.1 T(T)		Ì		Change	☐ Addition
NAME			5.2 NAI					
STREET ADDRESS					OORESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		5.4 CIT		- ZIP			
TITLE		☐ DELETE	61 TIT	.F	1		☐ Change	Addition

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 trusted 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 attackment/with an address.

6.2 NAME

6.3 STREET ADDRESS

IGNATURE: NEWARD ARTORUM Edward F DOWNS 3/20/90 259-265-3101