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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** M92817

(9)

**FILED** Apr 09 1998 8:00am Secretary of State

FRAN-G	-PAM'S, INC.	, ,			1841 <u>- 1</u> 444 - 1444   1844	
Principal Place	e of Business	Mailing Address		{	FBF1 \$1011 01011 01614 01614 1661	
C/O PAMELA K. REHM 2228 WEBB AVE 228 WEBB AVE DUNEDIN FL 34698  C/O PAMELA K. REHM 2228 WEBB AVE DUNEDIN FL 34698  DUNEDIN FL 34698				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
				08/05/1988		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2903377	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		6. Certificate of Status Desired	Fee Required	
<b>_</b>		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	
23				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	6. This corporation owes or has paid the		
24	25] 9. Name and Address of Cu	[29] [3	30	Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes No	
DEL		TOTAL TRANSPORT	81 Name	ID. Harrie and Address of New Hogister	or waam	
REHM, PAMELA K. 2228 WEBB AVE						
2228 WEBB AVE DUNEDIN FL 34698			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
501	NEDIA PE 34090		83			
			84 City	F	85 Zip Code	
office of re agent. I ar SIGNATURE	egistered agent, or both, in the S m familiar with, and accept the o	itate of Florida. Such change was au bligations of, Section 607.0505, Flor	ithorized by the corporati ida Statutes.	poration submits this statement for the purposition's board of directors. I hereby accept the a	ppointment as registered	
12.	Signature, typed or printed name of registere	AND DIRECTORS	Registered Agent signature require 13.	red when reinslating) DATI ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	DELETE	1.1 TOLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition	
NAME	REHM, PAMELA K.		1.2 NAME			
STREET ADDRESS	2228 WEBB AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		DELETE	31 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME		İ	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP		The same transfer of the same	6.4 CITY - ST - ZIP			

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 occiproration 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.