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 #

(4)

S & P ENTERPRISES, INC.

FILED Apr 15 1998 8:00am Secretary of State

|--|

Principal Place of Business Mailing Address								-	JUL BIUK BIUK	/ WIDIF WIDIF W	ijada minat inna
419 B CONNELL RD VALDOSTA GA 31602 US				419 B CONNEL RD Valdosta ga 31802 Us				DO NOT WRIT	E IN THIS	SPACE	
								Date Incorporated or Qualified 08/22/1989			
2. Principal P	lace of Busin	1055	2a.	2a. Mailing Address				4. FEI Number			Applied For
21				26							Not Applicable
Suite, Apt.	# etc			Suite, Apt. #, etc.				- 0.4%			5 Additional
22				27				5. Certificate of Status Desired		Fee	Required
City & State				City & State				6. Election Campaign Financing		\$5.0	May Be
23				28				Trust Fund Contribution			
Zip	Country			Z _i p Cou				8. This corporation owes or has p	aid the cur	rent year	Intangible
24		25 29 30					Personal Property Tax due June 30. Yes No				
			s of Current Regis	tered Agent		10. Name and Address of New Registered Agent 81 Name					
	EWART, SC						Name				
1540 SOUTH OAK ST.							Street Address (P.O. Box Number is Not Acceptable)		able)		
LIVE OAK FL 32060											
					8	3					+
					8	4	City			85 Zij	p Code
									FL		
11. Pursuant l office or re agent I a	to the provisi egistered ag m familiar wil	ions of Sect ent, or both th, and acc	ons 607.0502 and 6 in the State of Florid opt the obligations of	07.1508, Florida Statu da. Such change was f. Section 607.0505, F	utes, the abo authorized l forida Statut	ve-r by ti es.	named corpo the corporation	oration submits this statement for the on's board of directors. I hereby according to the contract of the cont	purpose of apt the app	l changing pointment a	its registered as registered
SIGNATURE											
	Signature, typied		of registered agent and title			gent	signature requirer	d when reinstating)	DATE		
12.	PST	O	FICERS AND DIREC	DELETE	13.		. ,	ADDITIONS/CHANGES TO OFF	ICERS AND		
TITLE		T COATT			1.1 TITLE					L. Change	e Addition
NAME		IT, SCOTT X 1208 N/	N.		1.2 NAMI						
STREET ADDRESS			1		1.3 STRE		i				
CITY-ST-ZIP	LAKE CI	IT PL		00,000	1.4 CITY		ZIP				- Later
TITLE	D	T 000TT		☐ DELETE	2.1 TITLE					L Change	e L. Addition
NAME		IT, SCOTT	•		22 NAMI						
STREET ADDRESS		X 1208 N/	`		2.3 STRE						
CITY - ST - ZIP	LAKE OF	IT FL		DEVETE	2 4 CITY		-ZIP			T Tasses	A days
TITLE	VP STEWAD	T DALL		☐ DELETE	3 1 TITLE					Change	e
NAME	STEWAR				3.2 NAMI						
STREET ADDRESS	P O BOX				3.3 STRE		1				
CITY-ST-ZIP	DAVE CI	II FL		DELETE	3.4. CITY		-ZIP			Change	e Addition
TITLE				CT DECERE	4.1 TITLE					unange	a PT MODITION
NAME					4. 2 NAM	_					
STREET ADDRESS					4.3 STRE		l				
CITY-ST-ZIP	··			☐ DELETE	4.4 CITY		ZIP			Change	Addition
TITLE				C) DECEIE	5.1 TITLE					☐ Change	e 🔲 Addition
NAME					5.2 NAME						
STREET ADDRESS					5.3 STRE		l				
CITY - ST - ZIP				☐ DELETE	5.4 CITY -		ZIP	·		T Char-	n Malaisian
TITLE				☐ DETE IF	6.1 TITLE					Change	e 🔲 Addition
NAME					6.2 NAME						
STREET ADDRESS					6.3 STRE						
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 supplier entity 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.