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 # P9200009804 (5)

DEER ACCOUNTING AND TAX SERVICE, INC.

FILED Jan 16 1998 8:00am Secretary of State



| Principal Plac | ce of Business | Mailing Addross | | | D413 (DB)33 (DB)30 (DB)01 (DB)10 (DB)103 (DB)01 (HB)1 |
|--|-----------------------------------|--|------------------------------------|--|---|
| ROUTE 1 BOX 45 ROUTE 1 BOX 45 | | | | 1 | |
| WAUCHULA (| FL 33873 | WAUCHULA FL 33873 | | DO NOT WRIT | E IN THIS SPACE |
| | | • | | 3, Date Incorporated or Qualified | |
| | | | | 12/04/1992 | |
| | Place of Business | 2a, Mailing Address | | 4, FEI Number | Applied For |
| 21 //42 | old pt Gran | | Gran Rd. | 65-0371614 | Not Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | S8.75 Additional Fee Required |
| City & Stat | wehula FI | City & State | FI | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has p | |
| 24 338 | | 29 33873 3 | 0 USA | Personal Property Tax due Jun | |
| | g. Name and Address of Cu | irrent Registered Agent | 81 Name | 10. Name and Address of New R | egistered Agent |
| Deen, Junit c Tolon E 1) 0 9 A | | | | | |
| ROUTE 1 BOX 45 B2 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| WAUCHULA FL 33873 1/42 0/1 FT Frank Rd | | | | | |
| ĺ | | | | | ĺ |
| | | | 84 City | 1 12 | FL 85 Zip Code |
| 11 Pursuani | to the provisions of Sections 607 | 0502 and 607 1508 Florida Statutes | the above-named con | poration submits this statement for the | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of chariging its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| SIGNATURE Signature, typed or printed name of registired agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| 12. | | AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFF | |
| TITLE | PD | DELETE | 1.1 TITLE | TIDDITION OF THE PROPERTY OF T | Change Addition |
| NAME | DEER, JOHN E | | 1.2 NAME | | - |
| STREET ADDRESS | 1142 OLD FT. GREEN RD | l, | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WAUCHULA FL | | 1.4 CITY-ST-ZIP | | ĺ |
| TITLE | SD | DELETE | 2.1 TITLE | | Change Addition |
| NAME | DEER, ESSIE F | | 2.2 NAME | | |
| STREET ADDRESS | 1142 OLD FT. GREEN RO | AD | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WAUCHULA FL | | 2. 4 CITY - ST - ZIP | | |
| TITLE | VP | DELETE | 3.1 TITLE | | Change Addition |
| NAME | DE LA ROSA, RAMON JR | | 3.2 NAME | | |
| STREET ADDRESS | 409 WILLOW AVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOWLING GREEN FL | Dierre | 3.4. CITY-ST-ZIP | | 2 |
| TITLE | | ☐ DELETE | 4.1 TITLE | | L. Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 4.4 CITY - ST - ZIP | | Change Addition |
| | | L. Dittie | 5.1 TITLE 5.2 NAME | | Change D Addition |
| NAME Street Address | | | 5.2 NAME 5.3 STREE1 ADDRESS | | } |
| | | | | | |
| CITY-ST-ZIP THLE | | DELETE | 5.4 C(1Y - S1 - 7(P - 6.1 TITLE | | Change Addition |
| NAME | | Email Control | 6.2 NAME | | List Grange List Nothier |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 City-S1-ZiP | | ļ |
| da Iberebus | L | od with this filles does not qualify for | 0.4 0111 - 51 - 215 | Castian 110 07/2)(i) Florida Statutan | |

146. The local statutes in the mornation supplied with this tiling does not quality 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.

SIGNATURE: Esse 7 hler Essie F Deer 1-5.98 941-773-661