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

**PROFIT** CORPORATION ANNI IAI REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT  1998		Secretary of State DIVISION OF CORPORATIONS		8	Secretary of State	
	MENT # <b>P9200</b>	0013353 (	7)		L CORROLD HE INTERNATION OF THE BOTH BOTH BOTH DOWN THE HIND OHER HIND THE HOLD	
·						
Principal Place 1478 S 6TH S MACCLENNY US	<b>ST</b>	Mailing Address 1478 S 6TH ST MACCLENNY FL 320 US	1478 S 6TH ST MACCLENNY FL 32063		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2e, Mailing Address	<del></del> ;	<del></del>	12/17/1992 4. FEI Number Applied For	$\dashv$
26					<b>59-3155516</b> Not Applicat	ole
Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	
			<del>_</del>		6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	<u>├</u>	intry	B. This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30. ☐ Yes ☐ No	
24	25 g. Name and Address of Curre	29  nt Registered Agent	30	•	Personal Property Tax due June 30.  Yes No  10. Name and Address of New Registered Agent	$\dashv$
AR	MENTROUT, DALE M			81 Name		
1478 S 6TH ST				82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	$\dashv$
MAGCLENNY FL 32063				B3		$\dashv$
				63		
4				84 City	EL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida S	Statutes, the a	bove-named co	propration submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	ρđ
agent. I a	im familiar with, and accept the oblig	pations of, Section 607.050	05, Florida Sta	a by the corpor lutes.	ration's board of directors, thereby accept the appointment as registered	<b>'</b> ]
SIGNATURE	Signature, typed or profed name of registered ag	cont and tale if anythe ablo	INOTE Projetore	d Ament cland) we ma	guired when reinstating) DATE	_
12.		ID DIRECTORS	13.	o Agent signatura rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	DELET	E 1.1 TI	TLE	Change Addit	ion
NAME	ARMENTROUT, DALE M 1478 S 6TH ST		12N	ſ		
STREET ADDRESS	MACCLENNY FL			TREET ADDRESS		j
CITY-ST-ZIP TITLE	VPD	DELET		TLE	☐ Change ☐ Addit	ion (
NAME	ARMENTROUT, DARREN M		2.2 N	1	<u> </u>	
STREET ADDRESS	1478 S 6TH ST		235	TREET ADORESS		
CITY-ST-ZIP	MACCLENNY FL			ITY-ST-ZIP		_
11TLE	VPD RENFRO, ROBERT	DELET		- 1	Change Addit	ion
NAME STREET ADDRESS	1478 S 6TH ST		3.2 N	TREET ADDRESS		ļ
CITY-ST-ZIP	MACCLENINY FL		1	SITY-ST-ZIP	•	
TITLE		DELET		<del></del>	☐ Change ☐ Addit	ion
NAME			4.21			
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP TITLE		DELET		TLF	Change Addit	ion
NAME		_ Jeen	5.1 N	1		
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		☐ DELET			Change Addit	ion
NAME			62 N	<b>I</b>		1
STREET ADDRESS	1		6.3 S	TREET ADDRESS		- }

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 amultachment with an address.

**FILED** 

May 11 1998 8:00am