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 # P93000006328 (7)

CONWAY CONSERVATION, INC.

FILED May 05 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address			Gitt Azısa zısağ tısığ teğbi eğit tazı
507 N.E. CHOLOKKA BLVD.	P.O. BOX 949			
MICANOPY FL 32667	MICANOPY FL 32867		DO NOT WRITE IN	THIS SPACE
			3, Date Incorporated or Qualified	
			01/26/1993	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3164209	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27	·		Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution L	Added to Fees
Zip Country 25	Zip	Country	8. This corporation owes or has paid to	
24 25 9. Name and Address of Cur	rent Registered Agent	30	Personal Property Tax due June 30 10. Name and Address of New Regla	
	Total Figure	81 Name	It. Hamo and Notions of How Hogie	tores regent
duever, linda c 507 n.e. Cholokka blvd.				
MICANOPY FL 32867		62 Street Add	dress (P.O. Box Number is Not Acceptable)	
MICANOPI PL 32007		B3		
		<u> </u>		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 (0502 and 607 1508. Florida Statut	tes the above-named cor	rooration submits this statement for the pure	
office or conintered agent or both in the Ct	tate of Florida, Such change was	authorized by the corpora	ation's hoard of directors. I bereby accept the	ne appointment as registered
office of registered agent, or both, in the St	die of Frontier Buch Change tras		20000 Dec 2 0. 0. 0000.0. (1)0. 02) 2000pt (
 Pursuant to the provisions of Sections 607. office or registered agent, or both, in the St agent. I am familiar with, and accept the ot 	oligations of, Section 607.0505, Fl	orida Statutes.		3
SIGNATURE				
SIGNATURE Signature, typed or printed name of registered		Orida Statutes. FE Registered Agent signature requested. 13.		DATE
SIGNATURE Signature, typed or printed name of registered 12. OFFICERS.	dagrot and title if applicable (NOT	F: Registered Agent signature requ	vired when reinstating)	DATE
SIGNATURE Signature, typed or printed name of registered 12. OFFICERS.	agent and title if applicable (NOT	FF- Registered Agent signature requ	vired when reinstating)	DATE S AND DIRECTORS IN 12
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indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to execut Block 12 or Block 13 if changed, or on an attachment with an address.

that my signature shall have the same legal effect as if made under oath, that I am an is report as required by Chapter 607, Florida Statutes; and that my name appears in