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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Feb 27 1998 8:00am

Secretary of State

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DOCUMENT # P93000012355 (2)

MY HEMMING WAYS, INC.

						-			N 8111 1831
Principal Place of Business Mailing Address							46.6. 114.0	11005 11101 9111	E1 8101 1891
1419 S. FLORIDA AVE. 1419 S. FLORIDA AVE									
LAKELAND FL 33803			LAKELAND FL 33803			DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualified			······
						02/10/1993			1
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				59-3163107			t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			•	,		\$8.75	
22		27				5. Certificate of Status Desired		Fee Re	
City & Stat	10	City & State				6. Election Campaign Financing		\$5.00	May Re
23		28				Trust Fund Contribution		Added t	
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has p	aid the curr	ent year Inte	angible
24	25	29	30			Personal Property Tax due Jun			No
1	g, Name and Address of Curre	ent Ragistered Agent	1			10. Name and Address of New R		gent	
HO	OVER, MELANIE L			81	Name		·		
	18 MELTON AVE		- 1	82	Ctroot Addr	ess (P.O. Box Number is Not Accepta	hla)		
LAKELAND FL 33803				02	Street Addre	ess (F.O. box Number is Not Accepta	ibie)		-
LANEUAND PL 33003			83						
			ļ	-		M		T7	
				84	City		FL		Code
11, Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statut	es, the at	ove	-named corp	oration submits this statement for the	purpose of	changing It	s registered
onice or r	registered agent, or both, in the Star am familiar with, and accept the obli	te of Floridal Such change was l igations of, Secti <u>on</u> 607.0505, Fl	authorizet orida Stat	ules	і іне согроган і.	ion's board of directors. I hereby acce	stor me sibbe	anument as	registered
SIGNATURE	PICHARD HOWN	IP Piller	Ma		k	S	-21.9		
SIGNATORE	Signature, typied or printed name of registered a	ment and little diagraphic (NOT	F: Flegisterer	d Ager	nt signature require	ed when reinstating)	DATE		
				<u> </u>					
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
12.	DP					ADDITIONS/CHANGES TO OFF		DIRECTOR Change	S IN 12
		ND DIRECTORS	13.	ILE		ADDITIONS/CHANGES TO OFF			
TITLE	DP	ND DIRECTORS	13. 1.1 10 1.2 N	TLE	ADDRESS	ADDITIONS/CHANGES TO OFF			
TITLE NAME	DP HOOVER, MELANIE L	ND DIRECTORS DELETE	13. 1.1 10 1.2 N	TLE AME REET	l.	ADDITIONS/CHANGES TO OFF		Change	☐ Addition
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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 an attachment with an address.

2-21-88