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

Principal Place of Business 1941 ISLAND WALK WAY SUITE A FERNANDINA BEACH FL 32034					DO NOT WRITE IN THIS SPACE	
US					 Date Incorporated or Qualified 03/15/1993 	
	ace of Business	2a, Mailing Address		4. FEI Number	Applied For	
21		26		13-0364001	Not Applicable	
Suite, Apt #, etc		Suile, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	Z (p)	Country	<u></u>	Trust Fund Contribution L. 8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	☐ Yes ☑ No
	9. Name and Address of Curr	ent Registered Agent	81	1	10. Name and Address of New Registe	ered Agent
	LANIER, LARRY			Name		
2187 LANIER ROAD FERNANDINA BEACH FL 32034			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
			83	1		
			84	City	***************************************	FL 85 Zip Code
11. Pursuant I	o the provisions of Sections 607.0	502 and 607.1508, Florida Statu	tes, the abov	e-named cor	poration submits this statement for the purpo- ation's board of directors. I hereby accept the	
SIGNATURE	Signature, typici or punted nume of registered in OFFICERS A	spent and title if applicable (NO ND DIRECTORS				ATE S AND DIRECTORS IN 12
TITLE	CD LANIER, LARRY	☐ DELETE	1,1 TITLE			Change Addition
NAME	2187 LANIER ROAD		1.2 NAME			
STREET ADORESS	FERNANDINA BEACH FL 3	2034		T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	1.4 CiTY-1	S1-2IF		Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP		T ociese	2. 4 CITY-	\$T-ZIP		Change Addition
TITLE NAME		☐ DELETE	3.1 TITLE 3.2 NAME			La change La Addition
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			3.4. CITY-			
TITLE	DELETE		41 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP		l beirge	4.4 CITY-	ST-ZIP		Change Ladelin-
TITLE		DELETE	5.1 TITLE			Change Addition
NAME STREET ADORESS			5.2 NAME	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	1		
TITLE		☐ DELETE	6.1 TITLE	GI-EIF		☐ Change ☐ Addition
NAME			6.2 NAME			<u>-</u> ···
STREET ADDRESS				T 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 an attachment with an address.

904-2612949

FILED

Apr 24 1998 8:00am

Secretary of State