## 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

P93000045581 (4)

## **FILED** May 05 1998 8:00am Secretary of State

Principal Plac P.O. 90X 29 PERRY FL 3	0	Mailing Addres P.O. BOX 290 PERRY FL 323	•			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  06/23/1993
2. Principal P	lace of Business	2a. Mailing Add	iress			
2126						тррно го
Suite, Apt. #, etc. Suite, Apt. #, etc.			t elc			59-3190201   Not Applicable   \$8.75 Additional
22 27			,			5. Certificate of Status Desired Fee Required
City & State City & State			,			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country Zip			Country		This corporation owes or has paid the current year Intangible
24	25	29 30				Personal Property Tax due June 30. X Yes No
	9. Name and Address of Curre			<del></del>		10. Name and Address of New Registered Agent
RC	OOT, M. ROBERT			81	Name	
	O OLD NEW TRUCK LINES BLD	ng .		82	C11 6	Address (D.O. Day M. whee is black as well as
	VY <b>2</b> 7 E	~		02	Street A	Address (P.O. Box Number is Not Acceptable)
	RRY FL 32347			83		
'-	, 0_0 ,					
•				84	City	FL 85 Zip Code
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 changing 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 registered agent and trice if applicable. (NOTE Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AN	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE 1	.1 TITLE		Change Addition
NAME	MINCY, JIMMY SR.		1	.2 NAME		5
STREET ADDRESS	404 E ELM ST		1	.3 STREET	ADDRESS	ָן װ
CITY-ST-ZIP	PERRY FL 32347			4 CITY-S	T-ZIP	
TITLE	D	∐ D	DELET <b>e</b> 2	1 TITLE		Change Addition
NAME	ROOT, M. ROBERT		. 2	.2 NAME		
STREET ADDRESS	415 E ELM ST		2	.3 STREET	ADDRESS	
CITY-ST-ZIP	PERRY FL 32347			. 4 CITY-5	ST-ZIP	
TITLE	D	∐ 0	DELETE 3	.1 TITLE		Change Addition
NAME	ELIEN, EDWARD JR.		3	.2 NAME	[	
STREET ADDRESS	704 N JEFFERSON ST		3	.3 STREET	ADDRESS	
CITY-ST-ZIP	PERRY FL 32347			4. CITY-S	T-ZIP	
TITLE		∐ D	ELETE 4	.1 TITLE		Change Addition
NAME			4	. 2 NAME		
STREET ADDRESS			4	3 STAEET	address	
CITY-ST-ZIP			4	4 CITY-S	T - ZIP	
TITLE			ELETE 5	1 TITLE	7	☐ Change ☐ Addition
NAME			5	.2 NAME		
STREET ADDRESS			5	.3 STREET	ADDRESS	
CITY-ST-ZIP			5	4 CITY - S	T- ZIP	
TITLE		O	ELETE 6	1 TITLE		Change Addition
NAME			6	2 NAME	- 1	
STREET ADDRESS			6	3 STREET	ADDRESS	
CITY-ST-ZIP			6	4 CITY - S	T-ZIP	
	arifu that the information equation of	with this filing door out				d in Continue 110 07/9/(i) Elevido Ctatutas I further contifu that the information

Indicated on this annual report or supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic 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 atlachment with an address.