## 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 # P93000048068 (9)

JONES, HOECHST & ASSOCIATES, INC.

## FILED Apr 16 1998 8:00am Secretary of State

|--|--|

Principal Place of Business Mailing Address			- I CODINDOL HR COLOR HILL BRILL BRILL BRILL BRILL DENIX DEBAR HORL BOLLD BLIRL HAR! LOCAL		
130 S PK AVE 130 S PK AVE					
STE E		STE E			
	APOPKA FL 32703 APOPKA FL 32703				DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualified
2 Principal Pla	ace of Business	Los Mailes Address			07/02/1993
2. Principal Pia	ace or Business	2a. Mailing Address			4. FEI Number Applied For
Suite, Apt.	# atc	Suite, Apt. #, etc.			59-3 192680 Not Applicable
22	,, 510	27			5. Certificate of Status Desired  \$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the current year Intangible
24	25	29 30	5		Personal Property Tax due June 30.  Yes  No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
	ies, dianne		81	Name	
	B GANTON ROAD		82	Street	Address (P.O. Box Number is Not Acceptable)
OCA	LA FL 34472		<u></u>		
			63		
			84	City	85 Zip Code
44 Durament to				<u> </u>	FL 12 27 0000
office or re	gistered agent, or both, in the State (	and 607.1508, Florida Statutes, of Florida. Such change was aut	tne abovi horized by	e-named / the cor	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I an	n familiar with, and accept the obliga	tions of, Section 607.0505, Floric	la Statute	<b>S</b> .	
SIGNATURE 2	Signature, typed or printed name of registered agen	and the if applicable (AIOTE 0	anistand An	et elecature	required when reinstating) DATE
12.	OFFICERS AND		13.	an eignature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TETLE	PDC	☐ DELETE	1.1 TITLE		Change Addition
NAME	JONES, DIANNE		1.2 NAME		_ ,
STREET ADDRESS	6997-B GANTON ROAD		1.3 STREET	ADDRESS	
CITY-ST-ZIP	OCALA FL 34472		1.4 CITY - S	T-ZIP	
TITLE	VT	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOECHST, JOHN D		2.2 NAME		
STREET ADDRESS	37920 COUNTY ROAD 439		2.3 STREET	ADDRESS	
CITY-ST-ZIP	EUSTIS FL		2. 4 CITY-	ST- ZIP	
TITLE	VS	DELETE	3.1 TITLE		VS Change <b>k</b> Addition
NAME	JONES, EVIN H		3.2 NAME		Wm. Robert Waers
STREET ADDRESS	6997-B GANTON ROAD		3.3 STREET		8628 Suburban Drive
CITY-ST-ZIP	OCALA FL	Dritte	3.4. CITY-5	T-ZIP	Orlando, FL 32829
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME CIRCLE ADDRESS			4. 2 NAME		
STREET ADDRESS			4.3 STREET		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-S 5.1 TITLE	T-ZŧP	Change Addition
NAME					Change Addition
STREET ADDRESS			5.2 NAME	IDDOFAA	
			5.3 STREET		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-S 6.1 TITLE	1 - ZIP	Change Addition
NAME		hand Office to	6.2 NAME		Change L. Addition
STREET ADDRESS			6.3 STREET	ADDRESS	
CITY-ST-ZIP			6.4 CITY-S		
da I basela a	and the state of t	40.40	D.4 UIIT - S	1 - 18	

4. 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.

SIGNATURE

Diagona

TOLANS