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 # P93000061432 (9)

WILDW	OOD BELT CO.	, ,			
Principal Plac	e of Business	Mailing Address			ifile afet læet
8632 CR 221 WILDWOOD FL 34785 WILDWOOD FL 34785				DO MOT IMPLIES (ALT. 40 CDAOS	
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 08/27/1993	
2. Principal P	lace of Business	2a. Mailing Address			pplied For
21		26		59-3199926 N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75	Additional
22		27		Fee H	equired
City & Stat	е	City & State			May Be
23 Zip	Country	28	Country		to Fees
Zip 24	Country 25	Zip 29	30	8. This corporation owes or has paid the current year to Personal Property Tax due June 30.	itangible No
(4)	9. Name and Address of Cur		30	10. Name and Address of New Registered Agent	
HA	TCHER, LOUIS E		81 Name		· · · · · · · · · · · · · · · · · · ·
11875 CEDAR ST			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
DUNNELLON FL 34431			Street Aud	ross (r.o. box fullifical is flot Acceptable)	
			83		
			84 City	- 85 Zip	Code
				FL 1	
agent. I a	m familiar with, and accept the ob-		rida Statutes. Registered Agent signature requi	oration submits this statement for the purpose of changing i lion's board of directors. I hereby accept the appointment as red when reinstating!	
12		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE	U HATCHED IACK	☐ DELET E	1.1 TITLE	[_] Change	Addition
NAME	HATCHER, JACK 8632 CR 221		1.2 NAME		
STREET ADDRESS	WILDWOOD FL 34785		1.3 STREET ADDRESS		
CITY-ST-ZIP	THEDITOOD I'E 34763	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change	Addition
TITLE NAME		⊢ briting	2.1 TITLE 2.2 NAME	CT Change	LI AUGIIUI
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.3 STREET ADDRESS		
TITLE		DELETE	3.1 TITLE	Change	Addition
NAME		-	3.2 NAME		
STREET ADDRESS			3.9 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE	Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5,1 TITLE	Change	Addition
NAME			5.2 NAME	500002514705 -05/07/9801011005	
STREET ADDRESS			5.3 STREET ADDRESS	***150.00	
CITY-ST-ZIP		T one	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	Change	☐ Appl tion
NAME			6.2 NAME) \(\lambda \)

14. Thereby certify that the information superfield with this filling does not qualify for the Simption 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 deceiver of truetee employment 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 any attachment with physical pass.

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4-79-98

752-730-1718

FILED

May 06 1998 8:00am

Secretary of State