## 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** 

P93000063308 (9) DOCUMENT #
1. Corporation Name

**FILED** Apr 17 1998 8:00am Secretary of State

SPEC	IALTY CHECK PRINTING I	NC.				<u> </u>
Principal Plac	ce of Business	Mailing Address			- I IOPRICOL ILE IOTOS FIRM OBIRL DUIL DUIL DUIL DUIL	O ONER MARK MICH BRISH IDIR HOUR
210 PINELAND STREET 210 PINELAND STREET						
PERRY FL 32347 PERRY FL 32347			1			
				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					09/10/1993	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21 Suite And Heat		[26]			59-3202395	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		·		Fee Required
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		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		- <del></del>		10. Name and Address of New Register	
MOORE, J T				Name		
	10 PINELAND STREET		100	Cironi Add	as /D O. Day Niverbands New Assessment Co.	
PERRY FL 32347			82	orteer Addre	ss (P.O. Box Number is Not Acceptable)	
•			83			
	•					
			84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.09	502 and 607.1508, Florida Stat-	ules, the above-r	named corpo		
office or r	registered agent, or both, in the Sta am familiar with, and accept the obl	ite of Florida. Such change was ligations of, Section 607,0505. I	s authorized by th Florida Statutes	he corporatio	retion submits this statement for the purpos in's board of directors. I hereby accept the	appointment as registered
SIGNATURE						
SIGNATURE.	Signature, lyped or printed name of registered a	agent and title if applicable (NC	OTE: Registered Agent:	signature required	d when reinstating) DAT	E
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE			1.5 TITLE			Change Addition
NAME	MOORE, J T		1.2 NAME			
STREET ADDRESS	210 PINELAND STREET		1.3 STREET AD	DDRESS		
CITY-ST-ZIP	PERRY FL 32347		1.4 CITY - ST - ZIP			
TITLE	VSD	☐ DELETE	2.1 TITLE			Change Addition
NAME	MOORE, MADELINE J		2.2 NAME			
STREET ADDRESS	210 PINELAND STREET		2.3 STREET AD	DDRESS		
CITY-ST-ZIP	PERRY FL 32347	T not total	2. 4 CITY-ST-ZIP			
TITLE		☐ DELETÉ	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET AD			
CITY-ST-ZIP			3.4. CITY-ST-	ZIP		Obiner T Aggre
TITLE		☐ Dereit	4.1 TITLE			Change Addition
NAME STREET ADDRESS			4.2 NAME			
STREET ADDRESS			4.3 STREET AD	ı		
CITY-ST-ZIP TITLE		☐ DELET <b>E</b>	4.4 CITY - ST - 2 5.1 TITLE	ZIP		Change   Addition
NAME		T receit				L. Change L. Addition
			5.2 NAME	200000		
STREET ADDRESS			5.3 STREET AD			
CITY-ST-ZIP TITLE	No. 199		5.4 City-St-2 6.1 Title	ZIP		Change Addition
NAME		□ bereit				The Property of the Property o
STREET ADDRESS			6.2 NAME	DDECC		
			6.3 STREET AD			
CITY-ST-ZIP	partifu that the information supplied	with this filing door not avalled	6.4 CITY-ST-Z		notion 110 07/9Vi) Elected Statutes I further	

I nereby 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.