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 # P93000068687 (1)

E & N ASSOCIATES, INC.

FILED Apr 30 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			r segritär sin sorde stets anter datte Barts Antif Beibs faren alten tarte infft inf	11
257 STARMOUNT DRIVE		257 STARMOUNT DRIVE				
TALLAHASSI	EE FL 32303	TALLAHASSEE FL 32303			DO NOT WRITE IN THIS SPACE	
ļ					3. Date Incorporated or Qualified	
1					10/04/1993	
2. Principal P	Place of Business	2e. Mailing Address			4. FEI Number Applied Fo	, —
21		26			59-3207383 Not Applied 10	——1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			S8 75 Additions	
22		27			5. Certificate of Status Desired Fee Required	"
City & Stat	le .	Crty & State			6. 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)		Personal Property Tax due June 30. 💢 Yes 🔲 No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent	
	ass, ernest t Jr		81	Name		
	57 STARMOUNT DRIVE		82	Street A	Address (P.O. Box Number is Not Acceptable)	
T/	ALLAHASSEE FL 32303		L			
			83			- 1
			84	City	85 Zip Code	
				·		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes,	the above	e-named c	corporation submits this statement for the purpose of changing its register oration's board of directors. I hereby accept the appointment as registere	red
agent. La	registered agent, or both, in the state am familiar with, and accept the oblig	ations of, Section 607.0505, Floric	la Statute:	y the corpt S.	colation's board or directors. Thereby accept the appointment as registers	³⁰
SIGNATURE)
	Signature, typed or printed name of registered ag			int signature re	required when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.	·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	BACC MADINE	DELETE	1.1 TITLE		L Change Add	ation]
NAME	BASS, NADINE I		1.2 NAME	ľ		- [
STREET ADDRESS	257 STARMOUNT DR		1.3 STREET	j		ļ
CITY-ST-ZIP	TALLAHASSEE FL 32303	T or or	1.4 CITY - S	T-ZIP	Chart Land	tition
TITLE	•	☐ DELETE	2.1 TITLE		☐ Change ☐ Add	/tron
NAME	BASS, ERNEST T JR 257 STARMOUNT DR	i	5.5 NAME			
STREET ADDRESS	TALLAHASSEE FL 32303		23 STREET	"		ı
CITY-ST-ZIP	D D	DELETE	2.4 CITY-	ST-ZIP	Change Add	lition
TITLE	BASS, ROBERT E SR	☐ Nertie	3.1 TITLE		L_ Change L_ Add	TOUR
NAME OTDERT ADDRESS	1144 E TENNESSEE ST		3.2 NAME	ADDRESS		
STREET ADDRESS	TALLAHASSEE FL 32308		3.3 STREET	1		1
CITY-ST-ZIP	TALLATINGSEE FL 32306	DELETE	3.4. CITY - 1	ST-ZIP	☐ Change ☐ Add	liting
TITLE		☐ brreit	4.1 TIFLE	ļ	C cuange C wan	
NAME			4.2 NAME	1000000		Ì
STREET ADDRESS			4.3 STREET		,	
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TITLE		□ Nettelt				
NAME			5.2 NAME	I DODE CO	~/1)//\	7
STREET ADDRESS			5.3 STREET	ì	1/14/2	$\langle \rangle \mid$
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TITLE		[] Derese	61 TITLE		-04/30/9801019028 change	IOUIT
NAME			6.2 NAME	ĭ	***150.00	[
STREET ADDRESS			6.3 STREET			
CITY-ST-ZIP			6.4 CITY - S	T-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.D7(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.