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

incipal Place of Business	Mailing Address
8079 3RD ST	8079 3RD ST
NAVARRE FL 32586	NAVARRE FL 32566

FILED May 12 1998 8:00am Secretary of State



Principal Plac	e of Busines	5	Maiting A	ddress									
8079 3RD ST 8079 3RD ST													
NAVARRE FL 32566 NAVARRE FL 32566							İ	DO NOT WRITE IN THIS SPACE					
								T	3. Date Incorporated or Qualified		- 10-		
									11/04/1993				
2. Principal P	lace of Busi	ness	24. Mailin	g Address				4	4. FEI Number			Applie	d For
21			26						59-3214598			<u>-</u>	pplicable
Suite, Apt.	#, etc.		<u></u> ⊢¬	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.79	5 Addi Reguli	
22 City & Stat	e		27 City &	City & State					Clastica Compaign Financiae	 			
23			<u> </u>	28				'	 Election Campaign Financing Trust Fund Contribution 			00 Ma ed to F	
Zip	Zip Country			Zip Cour					8. This corporation owes or has p	aid the curi			
24		25	29		30				Personal Property Tax due Jun	e 30] Yes	ΠŇ	
		and Address of Co	rrent Registered A	gent		_		10	Name and Address of New R	egistered A	igent		
	WYER, FR				Į,	81	Name						
7617 FORESTER RD. NAVARRE FL 32568						82	Street A	Address	(P.O. Box Number is Not Accepte	ble)			
N/A	WANNE PL	32000			ŀ	B3							
					[]	84	City			FI.	85 Zi	ip Cod	9
11. Pursuant	to the provis	ions of Sections 607	.0502 and 607.1508	3, Florida Statu	tes, the ab	OVE	-named c	corporat	ion submits this statement for the		changing	j its re	gistered
office or r	registered aç ım familiar w	ent, or both, in the lith, and according	State of Florida Suc obligations of Section	h change was on 607.0505. F	authorized Iorida Statu	l by ites	the corpo	oration's	ion submits this statement for the s board of directors. I hereby acce	pt the appo	ointment a	as reg	istered
SIGNATURE		. ,	3										1
<u></u>	Signature, typed	or printed name of register		ble (NO	TE Registered	Age	nt algnature r	required wh		DATE			
12.	D	OFFICERS	AND DIRECTORS	DELETE	13.				ADDITIONS/CHANGES TO OFF		DIRECTO Change		Addition
TITLE NAME	JOANNI	E SAWYER			1.1 TITL		ļ				CHAIN	в <u>Г</u>	_ Addition
STREET ADDRESS	TOTAL FORMATTER OR			1		1.2 NAME							\ \frac{1}{2}
CITY-ST-ZIP		MAVADDE CI			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP							13	
THLE	V	1.101			2.1 Tite		I- LIF				Change	e l	Addition
NAME	SAWYER, FRANKLIN D			2.21									
STREET ADDRESS	3043 FAREATER DA			1			ADDRESS		***	•)
City-SF-ZIP	NAVARF	RE FL 32566		2.40									
TITLE	V			DELETE 3.1 T							Change	e [Addition
NAME	MOORE, JAMES R JR				3 2 NAA	1						l	
STREET ADDRESS		drester RD.		3 3 5 1			ADDRESS						l
CITY-ST-ZIP	NAVARE	TE FL 32566		3.4.0			1-ZIP						Í
TITLE				DELETE	4.1 1111						☐ Change	e L	Addition
NAME					4. 2 NA	ME	Ĭ						F
STREET ADDRESS			43\$'		4.3 STR	4.3 STREET ADDRESS							
CITY-ST-ZIP					4.4 CITY-S		r-21P						1
TITLE				DELETE	5.1 TITLE						Change	e [Addition
NAME					5.2 NAM	ME	ĺ						ł
STREET ADDRESS					5.3 STR	EET /	ADDRESS						J
CITY-SI-ZIP					5.4 CIT	Y-ST	r- ZIP						İ
TITLE				DELETE	61 TITLE						☐ Change	a L	Addition
NAME					6.2 NAN	dΕ	Ì]
STREET ADDRESS	638				6.3 STR	EET A	ADDRESS						ł

14. 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 recoiver of 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:

850939999