

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000078022 (9)**

1. Corporation Name

LESTER HORNBAKE JR. ENTERPRISES INC.



Principal Place of Business 3259 NE HIGHWAY 17 ARCADIA FL 34266 US	Mailing Address 3259 NE HIGHWAY 17 ARCADIA FL 34266 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2539 N.W. Howard Ave. Suite, Apt. #, etc. 22		2a. Mailing Address 26 2539 N.W. Howard Ave. Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 11/10/1993	
City & State 23 Arcadia, FL		City & State 28 Arcadia, FL		4. FEI Number 65-0442501 Applied For Not Applicable	
Zip 24 34266		Country 25 De Soto		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 Arcadia, FL		City & State 28 Arcadia, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 34266		Country 25 De Soto		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ISAAC, ROOSEVELT S 347 S. ORANGE AVE. ARCADIA FL 34266		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNBAKE, FRANCINE	1.2 NAME	
STREET ADDRESS	2539 N.W. HOWARD AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 34266	1.4 CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNBAKE, JR., LESTER	2.2 NAME	
STREET ADDRESS	2539 N.W. HOWARD AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 34266	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNBAKE, JOHN	3.2 NAME	
STREET ADDRESS	2539 N.W. HOWARD AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 34266	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: Francine Hornbake STD. 4/24/98 941-494-7608

CR2E034 (10/97)