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

P94000021557 (1) DOCUMENT #

1. Corporation Name

CHEROKEE BUSINESS ENTERPRISES, INC. Principal Place of Business Mailing Address 14240 CORTEZ BLVD 14240 CORTEZ BLVD **BROOKSVILLE FL 34613 BROOKSVILLE FL 34613** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/21/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3249061 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Ζφ Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes ☐ No 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FERNALD, LOUIS R 10504 HAPPY HOLLOW AVE 82 Street Address (P.O. Box Number is Not Acceptable) **ODESSA FL 33556** 83 84 85 Zip Code 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** Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE GOULD, GEORGE M NAME 1.2 NAME 14240 CORTEZ BLVD STREET ADDRESS 1.3 STREET ADDRESS Brooksville fl CITY-ST-ZIP 1.4 CHY-ST-7/P ☐ DELETE ☐ Change Addition TITLE 2.1 TITLE NAME FERNALD, LOUIS R **2.2 NAME** 10504 HAPPY HOLLW AVE STREET ADDRESS 2.3 STREET ADDRESS **ODESSA FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE FERNALD, JAMES V. B JR. 3.2 I:AME 8816 ROBERTS RD STREET ADDRESS 3.3 STREET ADDRESS ODESSA FL 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 DELETE Change TITLE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE ___ Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 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 trostee 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 alkachment with an address.

FILED

Jan 28 1998 8:00am

Secretary of State