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 # P94000023065 (3)

ELBOW SOUTH, INC.

Principal Place of Business Mailing Address

FILED May 26 1998 8:00am Secretary of State



1802 W. BROA OVIEDO FL 30		1802 W. BROADWAY OVIEDO FL 32765			DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualified	3 31 ACL	
					03/25/1994		
2. Principal Pi	ace of Business	2a, Mailing Address			4, FEI Number	A	pplied For
21		26			59-3234441	N	ot Applicable
Suite, Apt #, etc		Suite, Apt #, etc.	Suite, Apt #, etc.		5 Certificate of Status Desired \$8.75 Additional		Additional
22		27			a. Certificate or Status Desired	Fee R	equired
City & State	•	City & State	- 		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	28 Ziro	Zip Country		Trust Fund Contribution		
24	25	29	30		This corporation owes or has paid the of Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Cu		1001		10. Name and Address of New Registere	d Agent	
FO	ULIKES, BILL C		8	1 Name			
	2 W. BROADWAY		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
OVI	EDO FL 32765			21	Lawn Street		
: 			8	3			
	,		8	4 City		. 85 Zip	Code
				\perp \circ	iedo F	<u>L 3</u> ;	Code 2765
office or re	egistered agent, or both, in the S	tate of Florida. Such ch ange wa s a	authorized t	by the corpor-	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing i ppointment as	its registered s registered
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statute's.							
SIGNATURE	Signature typed or proved non-e-of-mgesterc	the section of this depends able (NOT)	F. Popierand A	overt cionest so son	uired when rainstating) DATE		
12.		AND DIRECTORS	13.	gork and ravores red	ADDITIONS/CHANGES TO OFFICERS AT		RS IN 12
TITLE	<u>D</u>	DELFTE	1.1 TITLE			Change	Addition
NAME	FOULKES, WILLIAM C JR		1.2 NAME				
STREET ADDRESS	1802 W. BROADWAY		1.3 STRE	ET ADDRESS]
CITY-ST-ZIP	OVIEDO FL 32765		1.4 CITY-	ST - ZIP			
TITLE	DELETE		2.1 TITLE			Change	☐ Addition
NAME			2 2 NAME				
STREET ADDRESS			23 STRE	FT ADDRESS			
CITY-ST-ZIP			2 4 CHTY	- ST - ZIP			
TITLE		DELETE	3 1 TITLE			Change	☐ Addition
NAME			3.2 NAMI	i			1
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	DELETE			- S1 - 2(P		Change	Addition
TITLE			4.1 TITLE 4.2 NAME			CHAINGE	- Vogition
NAME Street address				ET ADDRESS			j
CITY-ST-ZIP			4.3 STRE	į.			
TITLE	DELETE		5.1 TITLE			Change	☐ Addition
NAME	•						
STREET ADDRESS			5.2 NAMI 5.3 STRE	ET ADDRESS			İ
CITY-ST-ZIP			5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAMI	:			İ
STREET ADDRESS			6 3 S1RE	ET ADDRESS			
CITY-ST-ZIP			6.4 CITY	-ST - ZIP			
dd thank	77	The state of the s			n Caption 440 07/01/1\ Florida Ctatutan Liuthan	Cf at 1 d	

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an eddress.