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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400038762 (8)

INVENTORY IN PROGRESS, INC.

## FILED Jan 28 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 14232 ODOM ROAD 14232 ODOM ROAD YOUNGSTOWN FL 32466 YOUNGSTOWN FL 32466 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/23/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3249031 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıp Country Zip Country 8. This corporation owes or has paid the current year Intangible □ No 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MCGUIRE, SUSAN 14232 ODOM ROAD Street Address (P.O. Box Number is Not Acceptable) YOUNGSTOWN FL 32446 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 Stgnature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE MCGUIRE, SUSAN 1.2 NAME NAME CR2E034 STREET ADDRESS 14232 ODOM RD. 1.3 STREET ADDRESS YOUNGSTOWN FL 32466 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2, 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition ☐ Change TITLE 6.1 TITLE NAME 6.2 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)(1), 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 13 if changed, or of an attachment(with an address.

SIGNATURE:

LEURIN MCSTLERENET

1/31/98

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