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 # 1. Corporation Name P94000042489 (2)

FILED Jan 26 1998 8:00am Secretary of State

SANTA	FE STO	CK, COMPANY						
Principal Plac	e of Busine	55	Mai	Mailing Address				- I LEGUIDOT THE ROTTI DEDIT DOLLI DOLLI DOLLI BERLA BEGIO TIGIT DIGET (BITTO HATT) TODI
5914 BUTLER	ROAD		591	5914 BUTLER ROAD				
PLANT CITY FL 33567				PLANT CITY FL 33567				DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
								06/02/1994
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For
21				26				59-3252142 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22				27				5. Certificate of Status Desired Fee Required
City & State				City & State				6. Election Campaign Financing \$5.00 May Be
23			28					Trust Fund Contribution Added to Fees
Zip		Country Zip Countr		untry		8. This corporation owes or has paid the current year Intangible		
24	25 25 Name and Address of Curren					10		Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent
00		··· ··		nou rigotte		81	Name	
	DDARD, J							
5914 BUTLER ROAD PLANT CITY FL 33567							Street Address (P.O. Box Number is Not Acceptable)	
PERMI CITI FE 33307						83		
						84	City	FL 85 Zip Code
agent. i a SIGNATURE	m familiar w	vith, and accept the obli	gations of,	Section 607.05 05 , Flo	orida Sta	tutes	i.	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
12.	Signature, Types	d or printed name of registered a OFFICERS A			13.	d Age	nt signature o	e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	OFFICEROA	NO DIFFECT	DELETE	1,1 [ITLE		Change Addition
NAME	•	GODDARD, JOE W SR.			1.2 NAME			
STREET ADDRESS	The second second second						ADDRESS	
CITY-ST-ZIP	BLANCE OFFICE AARAN					1.4 CITY-ST-ZIP		
TITLE	\$T			DELETE	2.1 TITL			Change Addition
NAME	GODDARD, BETTY L					2.2 NAME		
STREET ADDRESS				2.3		TREET	ADDRESS	
CITY-ST-ZIP	T-ZIP PLANT CITY FL 33567					2. 4 CITY-ST-ZIP		
TITLE				☐ DELETE		3.1 TITL€		☐ Change ☐ Addition
NAME	WE				3.2 N			
STREET ADDRESS					3.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP				T person		ITY-S	T-ZIP	
TITLE	i			☐ DELETE		1 TITLE		Change Addition
NAME ATREET ARRESTOR					4 2 N			
STREET ADDRESS					4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE				DELETE	Division Control		- ZIP	Change Addition
					5.1 TITLE 5.2 NAME		Change C Addition	
NAME STREET ADDRESS				5.2 NAME 5.3 STREET		ADDRESS		
CITY-ST-ZIP						ITY - ST		
TITLE				DELETE	6.1 Ti		-20	Change Addition
NAME					6.2 N		1	
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP						ITY-ST		
	ertify that th	e information supplied	with this filir	ng does not qualify fo				ed 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.

01-14-98 813 737.1802