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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Plac	r ww	Mailing Address					
WINTER HAVEN FL 33681 WINTER HAVEN FL 33681					DO NOT WRITE II	DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualified		
					07/13/1994		
2. Principal Place of Business 2a. Mailing Address					4, FEI Number	Applied For	
21 26					59-3253419	Not Applicable	
Suite, Apt. #, etc.					6. Certificate of Status Desired	Sec. 5 Additional	
22 27 City & State City & State						Fee Required	
City & State City & State					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country Zip			Countr	v	This corporation owes or has paid		
24	25	29	30	•	Personal Property Tax due June 3		
	g, Name and Address of Curre	ent Registered Agent			10. Name and Address of New Regi		
SA	MMONS, ROBERT O		81	Name	9		
1556 SIXTH ST SE			8:	Street	t Address (P.O. Box Number is Not Acceptable	<u> </u>	
WINTER HAVEN FL 33880				ļ <u>.</u>		<u> </u>	
			8:	'			
			84	City		85 Zip Code	
				<u>.</u>	d corporation submits this statement for the purporation's board of directors. I hereby accept	_ <u> </u>	
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	igent and title if applicable (NO ND DIRECTORS	TE. Registered A	eni signatu	re required when reinstating) ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition	
NAME	ERICKSON, JEFFREY L		1.2 NAME				
STREET ADDRESS	550 PINNER CT		1.3 STREE	T ADDRESS	; 📗		
CITY-ST-ZIP	LAKE ALFRED FL 33850		1.4 CITY	ST-ZIP			
TITLE	D	DELETE	2.1 TITLE			Change Addition	
NAME	PUGIN, DARRELL I		2.2 NAME				
STREET ADDRESS	600 LUNDAY RD AUBURNDALE FL 33823			T ADDRESS	· [
CITY-ST-ZIP TITLE	D AUDUMNUALE PL 33823	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		 	Change Addition	
NAME	FLOYD, THOMAS C		3.2 NAME		1		
STREET ADDRESS	2411 BERKSHIRE DR			T ADDRESS	.		
CITY-ST-ZIP	WINTER HAVEN FL 33884		3.4. CITY				
TITLE	D	DELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME	NOLEN, J. M.		4. 2 NAM				
STREET ADDRESS	1441 GRAND CAYMAN CIR		4.3 STREE	T ADDRESS	5 		
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY -	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS	1		
CITY-ST-ZIP TITLE		DELETE	5.4 CHY-	ST-ZIP		Change Addition	
NAME		□ DETELE	6.1 TITLE		1	LT custings LT vocation	
NAME			62 NAME		i		

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 eath; 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

FILED

May 05 1998 8:00am

Secretary of State