## 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 # P94000071759 (2)

	on Name ACH'S ME	# P940 AT MART, INC.	00071759 (2)					
Principal Plac	ce of Business	S	Mailing Address				10001 11011 10001 <b>1</b>	HAN 1811 (8 B)
1204 E MAGNOLIA ST 1204 E MAGNOLIA ST								
LAKELAND F	L 33801		LAKELAND FL 33801	LAKELAND FL 33801		DO NOT WRITE IN THIS SPACE		
ĺ						3. Date Incorporated or Qualified	IIO DI AUL	
1						09/26/1994		
2. Principal f	Place of Busin	ioss	2a, Mailing Address	2a, Mailing Address		4. FEI Number	1	Applied For
21			26		59-3268420		Not Applicable	
] Suite, Apt	. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	• -	Additional
22			City & Clate	City & State			<del></del> _	Required
City & Sta	(B		├── <b>─</b>	28		6. Election Campaign Financing  Trust Fund Contribution		0 May Be d to Fees
Zip		Country	Zip C		,	8. This corporation owes or has paid the		
24	25		29	29 30		Personal Property Tax due June 30.  Yes No		
	9. Name	and Address of Cu	rrent Registered Agent	81		10. Name and Address of New Register	ed Agent	
DELOACH, ROY H JR					Name			
1204 E MAGNOLIA ST				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
LAKELAND FL 33801					<del></del>			
}				83 84	<u> </u>			
					City	F	<b>85</b> Zip	Code
11. Pursuant	to the provisi	ons of Sections 607	0502 and 607.1508, Florida Statute	s, the above	e-named coi	rporation submits this statement for the purpose	e of changing	its registered
agent. L	registered ag am <b>fa</b> miliar wi	ent, or born, in the S th, and accept the o	tate of Floridal Such change was at bligations of, Section 607,0505, Flor	rida Statutes	y the corpora s.	ation's board of directors. I hereby accept the a	appointment a	s registered
SIGNATURE	A		d agent and tale if appacable (NOTE	B. S. T.		uired when reinstating) DA?		
12.	Signatore, typed		AND DIRECTORS	13.	ent eignature rege	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
TITLE	DPT		☐ DELETE	1.1 TITLE			Change	
NAME	DELOACH, ROY H JR			1.2 NAME				
STREET ADDRESS	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1 3 STREET	ADDRESS			
CITY-ST-ZIP	LAKELAND FL			1.4 CITY-ST-ZIP		<del></del>		
TITLE	V V		DELETE	2.1 TITLE			☐ Change	Addition
NAME STREET ADDRESS	JOHNSON, MARCUS L			2.2 NAME 2.3 STREET ADDRESS				
CITY-ST-ZIP	1 14/50 ALID BY AAAA			2. 4 CITY-ST-ZIP		*		
TITLE	V		DELETE	3.1 TITLE			☐ Change	Addition
NAME	JOHNSON, TYRONE E			3.2 NAME				
STREET ADDRESS		UTCHFIELD RD		3.3 STREET	ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33805		3.4. CITY	ST-ZIP				
TITLE 	}		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	1			
CITY-ST-ZIP TITLE	DELFT		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			Change	Addition
NAME	[			5.2 NAME	ľ			
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY - S	· ·			
TITLE			☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME				6.2 NAME	1			
STREET ADDRESS	,			6.3 STREET	ADDRESS			
0 000 00 TO				THE ALL DITTLE OF	7 710			

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 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.

CIONATUDE.

19/00h 1/21/98 941 688 751

**FILED** 

May 04 1998 8:00am

Secretary of State