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 # P94000084032 (9)

EQUITABLE INTEREST AND INVESTMENT CORPORATION

FILED Mar 31 1998 8:00am Secretary of State



Principal Place of Business			Mailing Address				
ROBERT W. KIMBALL 2091 DETROIT AVE			2091 DETROIT AVE PENSACOLA FL 32534				
		PE					DO NOT INDITE ALTHOUGH OF
PENSACOLA FL 32534							DO NOT WRITE IN THIS SPACE
							3, Date Incorporated or Qualified
6 Principal Place of Prin	inana	т-	Moiling Address				11/14/1994
2. Principal Place of Business			2a, Mailing Address				4. FEI Number Applied For
21			26 672 Brent Lane				59-3308413 Not Applicable
Suite, Apt. #, etc.		├ ──	Suite, Apt #, etc.				5. Certificate of Status Desired \$8.75 Additional
City & State		27					Fee Required
City & State		\vdash	City & State				6. Election Campaign Financing \$5.00 May Be
Zip Country		28					Trust Fund Contribution
	<u>├</u> ¬ '	_ '	32503		Country D USA		8. This corporation owes or has paid the current year Intangible
24 S Nom	25 e and Address of Currer	29		30	700	H3.	Personal Property Tax due June 30. Yes No
		it negiste	190 Agent		81	Name	10. Name and Address of New Registered Agent
KIMBALL, RO					"	Ivairie	
2901 DETRO			82 Street Add			Address (P.O. Box Number is Not Acceptable)	
PENSACOLA FL 32534							and the state of t
					83		
					84	City	85 Zip Code
						-	FL ` `
11. Pursuant to the provi	sions of Sections 607.050	2 and 607	1508, Florida State	ites, the a	above	-named o	corporation submits this statement for the purpose of changing its registered
agent. I am familiar v	rgent, or both, in the State with, and accept the oblig	or Fiorida ations of, 1	i. Such change was Section 607.05 05 , F	lorida Sta	ea by stutes	tne corpi :.	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE .			•				
Signature type	d or printed name of registered age	nt and title if	applicable (NC	Die Register	ed Age	nt signature r	required when reinstaling) DATE
12.	OFFICERS AN	D DIRECT	ORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D			☐ DELET e	1.17	TITLE		☐ Change ☐ Addition
	ll, robert w			1.2 M	NAME		•
	etroit blvd.			1.3 9	STREET	ADDRESS	
CITY-ST-ZIP PENSA	COLA FL			1.4 (CITY-SI	r-ZiP	
TITLE			☐ DELET E	2.1 T	TTLE		Change Addition
NAME				2.2 N	IAME		
STREET ADDRESS				235	TREET .	ADDRESS	
CITY-ST-ZIP					CITY-S		
TITLE			DELETE	3.1 T		. 211	☐ Change ☐ Addition
NAME					IAME		
STREET ADDRESS				1		ADDRESS	
				1			
CITY-ST-ZIP TITLE			☐ DELETE	3.4. (4.1 T	CITY-S	1 - ZIP	☐ Change ☐ Addition
NAME			occ.,r				☐ Change ☐ Addition
					NAME		
STREET ADDRESS				•		ADDRESS	
CITY-ST-ZIP			DOLOTE		ITY+ST	- ZIP	
TITLE			☐ DELETE	5.1 T			Change L. Addition
NAME				5.2 N			
STREET ADDRESS				5.3 S	TREET /	ADDRESS	
CITY-ST-ZIP			P-1		ITY-ST	- ZIP	
TITLE			☐ DELETE	6.1 T	ITLE		☐ Change ☐ Addition
NAME				6.2 N	IAME		
STREET ADDRESS				6.3 S	TREET /	ADDRESS	
CITY-ST-ZIP				6.40	ITY-ST	- ZIP	

14. I hereby certify that the information supplied indicated on this annual report or supplied officer or director of the corporation or the Block 12 or Block 13 if changed, or or an at with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information hal annual report is true and faccurate and that my signature shall have the same legal effect as if made under oath; that I am an copyr or truster among version to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in