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 # P94000089540 (6)

	and the second s
Principal Place of Business	Mailing Address
3256 TWIN PONDS RD MARIANNA FL 32448 US	3256 TWIN PONDS ROAD MARIANNA FL 32448
2. Principal Place of Business	2a. Mailing Address
	2e. Mailing Address
	⊢ *
Sulte, Apt. #, etc.	26
21	Suite, Apt #, etc.

FILED May 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/09/1994 4. FEI Number Applied For 59-3282084 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be П Added to Fees Trust Fund Contribution Zip Country Country 8. This corporation owes or has paid the current year Intangible □ No 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name VREDENBURGH, THOAMS W JR 3256 TWIN PONDS ROAD 82 Street Address (P.O. Box Number is Not Acceptable) MARIANNA FL 32448 вз 84 City Zip Code 85 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorizagent. I am familiar with, and accept the obligations of, Section 607.0505, Flyrida St ove-named corporation submits this statement for the purpose of changing its registered to by the corporation's board of directors. I hereby accept the appointment as legistered OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change 1.1 TITLE TITLE VREDENBURGH, THOAMS W JR 1.2 NAME 3256 TWIN PONDS RD STREET ADDRESS 1.3 STREET ADDRESS MARIANNA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Exe Vice Fresident DELETE 2.1 TITLE Change ■ Addition TITLE Thomas W Vredenburgh Sr 572 Fairview Rot 2.2 NAME NAME STREET ADDRESS \$72 Fairview nos 2448
Maijanna Fl 32448 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP Addition Change TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CIIY.-SI.-ZIP DELETE Addition Channe TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition TITI F 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 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