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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000011258 (7)

FILED
May 01 1998 8:00am
Secretary of State

Principal Plac	LAND DEVELOPMENT,	Mailing Address			
8932 CREEK RD VERNON FL 32462		P O BOX 910 VERNON FL 32462			
12111101172	<b>4</b>	**************************************		DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified 02/09/1995	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3303188	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Crity & State		City & State		Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζιρ	Country	8. This corporation owes or has paid the	
24	25 g. Name and Address of Cu		30	Personal Property Tax due June 30.  10. Name and Address of New Register	Yes No
	<del></del>	Heir Hegistered Agent	81 Name	IU. Hallie and Address of Her Hegister	on whom
WORLEY, BILL 8932 CREEK RD VERNON FL 32462			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
			84 City		85 Zip Code
office or r agent. I a SIGNATURE	to the provisions of Sections 607 registered agent, or both, in the Sim familiar with, and accept the o		es, the above-named cor- cuthorized by the corpora- crida Statules.  Registered Agent signature requ	poration submits this statement for the purposition's board of directors. I hereby accept the	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	WORLEY, PAUL S		1.2 NAME		
STREET ADDRESS	8932 CREEK RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	VERNON FL 32482		1,4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WORLEY, BILL		2.2 NAME		
STREET ADDRESS	8932 CREEK RD		2.3 STREET ADDRESS		*
CITY-ST-ZIP	VERNON FL 32462	DELETE	2 4 CITY-ST-ZIP		Ohanna III dedition
TITLE		T perese	3 1 TITLE		☐ Change ☐ Addition
NAME CTREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS					ļ
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		ţ
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP	<u> </u>		54 CITY-ST-ZIP		<u></u>
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I hereby o	certify that the information supplie	d with this filing does not qualify for	r the exemption stated in	Section 119.07(3)(i), Florida Statutes   furthe	r certify that the information

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 trustace empowered to execute this report as required by Chapter 607, Florida Statutes; and that my pame appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bill Wales Bill Worles

11-22-1998535-9614