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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000014941 (5)

8 ELK. INC.

Principal Place of Business 2518 HIGHWAY 77. SUITE B Mailing Address

P.O. BOX 15547

Secretary of State

**FILED** 

Mar 30 1998 8:00am



LYNN HAVEN FL 32444 PANAMA CITY FL 32406 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/22/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 59-3301484 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Żip 8. This corporation owes or has paid the current year Intangible X Yes □ No 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WEATHERSBY, CHARLES M 2518 HIGHWAY 77, SUITE B 82 Street Address (P.O. Box Number is Not Acceptable) LYNN HAVEN FL 32444 83 84 City Zip Code 85

11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change ☐ Addition NAME EVERITT, REESE JHMMY 1.2 NAME STREET ADDRESS 2518 HWY 77 SUITE B 1.3 STREET ADDRESS LYNN HAVEN FL 1.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE EUBANK, GEORGE NAME 2.2 NAME P.O. BOX 570 NA STREET ADDRESS 2.3 STREET ADDRESS LYNN HAVEN FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE WEATHERSBY, CHARLES NAME 3.2 NAME 2130 TURKEY RUN STREET ADDRESS 3.3 STREET ADDRESS LYNN HAVEN FL CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Addition WEATHERSBY, RONNIE M NAME 4, 2 NAME 2110 WILDRIDGE RD. STREET ADDRESS 4.3 STREET ADDRESS LYNN HAVEN FL 32444 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE ☐ Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

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 affactment with an address.

3/5/98 SIGNATURE

CRZE034 (10/97