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 # P9500 1. Corporation Name LIL ABNER UNLIMITED, INC.	00031454	· (8)		
Principal Place of Business	Mailing Addre	SS		ENIND FRANC FERRI BINDI DINI NIBI NDEL
10837 SE HWY 441 BELLEVIEW FL 34420 US	11315 S.E. 73 BELLEVIEW FL		DO NOT WRITE IN	I THIS SPACE
			3. Date Incorporated or Qualified	
2. Principal Place of Business	28. Mailing Ad	Heaps	04/21/1995 4. FEI Number	I Amelia de Esa
21	26. Washing Add	11022	59-3309401	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt.	#, etc.		CO 75 Ad 195
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State	!	6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid	·
24 25 9. Name and Address of Curr	29	30]	Personal Property Tax due June 30	
<u> </u>	ent riegistered Agent	81	Name	Heled Agent
REID, INA 4 2050 SE HIGHWAY C-25				
		82	Street Address (P.O. Box Number is Not Acceptable	
OKLAWAHA FL 32179 11315 SE 7312 CH	-	83		
Bellevieus Fl 34	11/20	<u> </u>		
belleview F1 34	70C	84	City	FL 85 Zip Code
office or registered agent, or both, in the Sta agent. I am familiar with, and accopt the obl SIGNATURE	ate of Florida. Such cha ligations of, Section 60	ing e was authorized bi 7.0505, Florida Statute	named corporation submits this statement for the pur the corporation's board of directors. I hereby accept	he appointment as registered
Signature, typod or printed name of registered	AND DIRECTORS	(NOTE Registered Ag	signature required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
112. OFFICERS A		DELETE 1,1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME REID, INA		1.2 NAME		C. Change C. Hadinon
STREET ADDRESS 11315 S.E. 73 COURT		1.3 STREE	DUBLES	
CITY-ST-ZIP BELLEVIEW FL		1.4 CITY - 5	` }	
TITLE		DELETE 2.1 TITLE	EII .	Change Addition
NAME		2.2 NAME		- , -
STREET ADDRESS		2.3 STREET		
			DORESS	į
CITY-ST-ZIP		2. 4 CITY-		
TITLE				☐ Change ☐ Addition
		2. 4 CITY-		Change Addition
TITLE		2.4 CITY- DELETE 3.1 TITLE	- ZIP	☐ Change ☐ Addition
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

3-27-58

FILED

Apr 01 1998 8:00am

Secretary of State