## 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 # P95000031510 (7)

Principal Place of Business	Mailing Addres
703 17TH STREET	703 17TH STRE
ST. CLOUD FL 34769	ST. CLOUD FL

**FILED** Apr 30 1998 8:00am Secretary of State

Principal Place	a of Business	Mailing Address				
· ·		2-				
703 17TH STREET 703 17TH STREET ST. CLOUD FL 34769 ST. CLOUD FL 34769			DO NOT WRITE IN THIS SP	'ACE		
				3. Date Incorporated or Qualified		
				04/21/1995		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 26			59-3306233	Not Applicable		
Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional		
22					Fee Required	
		City & State		6. Election Campaign Financing	\$5.00 May Be	
23	Country Zip C		Country	Trust Fund Contribution		
Z(p 24	<b>├</b> ─┐	Zip	30	8. This corporation owes or has paid the current Personal Property Tax due June 30.	nt year Intangible Yes	
24]	9. Name and Address of Cur	[29] rent Registered Agent	[30]	10. Name and Address of New Registered Ag		
			81 Name			
	ANKLIN, CLARENCE H 3 17TH STREET					
			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
ST. CLOUD FL 34769		83				
			84 City	FL	85 Zip Code	
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	e					
12.	Signature, typed or protect cause of tegestered	AND DIRECTORS (NOT	Registered Agent signature requ  13.	ured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND D	NDECTORS IN 12	
TITLE	P	DELETE	1.1 TITLE		Change Addition	
NAME	FRANKLIN, CLARENCE	-	1.2 NAME	_		
STREET ADDRESS	703 17TH STREET		1.3 STREET ADORESS			
CITY-ST-ZIP	ST. CLOUD FL 34769		1.4 CITY - ST - ZIP			
TITLE	S	DELETE	21 TITLE		Change Addition	
NAME	STINE, CLYDE R		2 2 NAME			
STREET ADDRESS	1957 S. STEWART ST.		2 3 STREET ADDRESS	1	Ì	
CITY-ST-ZIP	KISSIMMEE FL 34748		2 4 CITY-ST-ZIP			
TiTLE		DELETE	3 1 TITLE		Change Addition	
NAME			3 2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY - ST - ZIP			3 4. CITY - ST - 2IP			
TITLE		☐ DELETE	4 1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	·		4.4 CITY-ST-ZIP			
TITLE		DELETE	51 TITLE		Change	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS		ļ	
CITY-ST-ZIP	<u></u>		5 4 CITY - ST - ZIP			
TITLE		DELETE	6 1 TITLE	L	Change L. Addition	
NAME			6.2 NAME		į	
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP	- 1.0		6 4 CITY-ST-ZIP			