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

PROFIT CORPORATION ANNUAL REPORT 1998 Secretary of State DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE APR 27 1998 8:00am Secretary of State Secretary of State

•	1998	DIVISION OF CO	ORPORATIONS	J Secretary	of State
DOCUMENT # P95000084234 (0) MICHAEL DAVID IVEY, INC.					<u>.</u>
Principal Place	of Business	Mailing Address			B }(01010 11000 11111 1111 1001
2532 SW 27TH AVE 2532 SW 27TH AVE					
OCALA FL 34474 OCALA FL 34474					
US US				DO NOT WRITE IN THI 3. Date incorporated or Qualified	S SPACE
				10/30/1995	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3343468	Not Applicable
Suite, Apt.	W, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28	Country	8. This corporation owes or has paid the o	
24	25	<u> </u>	ю	Personal Property Tax due June 30.	∑ Yes No
	9. Name and Address of Curre			10. Name and Address of New Registere	d Agent
IVE	Y, MICHAEL D		61 Name		
7175 S RHODER PT			82 Street	Address (P.O. Box Number is Not Acceptable)	
LECANTO FL 34481			83	025 SE 36TH AVE.	
63					
			84 City	FLLFYIEIL) F	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 rec					
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	Transmit Will, and accopt the con	gamona di, deciron dan saco, mon	ou ourdioo.		
	Signature, typed or printed name of registered a		Registered Agent signature		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE NAME	D Ivey, crystal M	☐ DELETE	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	7175 S RHODER PT			12015 SE 21TH AVE	
CITY-ST-ZIP	LECANTO FL 34461		1.4 CITY-ST-ZIP	BELLEVIEW, FL 34420	
TITLE	D	DELETE	2.1 TITLE	CEPU.IEW, PE 07180	Change Addition
NAME	IVEY, MICHAEL D		2.2 NAME		7~
STREET ADDRESS	7175 S RHODER PT		2.3 STREET ADDRESS	12025 SE SLITH DVE	
CITY-ST-ZIP	LECANTO FL 34461		2. 4 CITY-ST-ZIP	13025 SE 36TH AVE BELLEYIEW, FL 34420	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE		_ DECETE			CLOUNG THAT INTO I
NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		—	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
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 troe 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 recorder of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on any signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recorder of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or one paying them an address.

SIGNATURE:

4-20-98 352-861-2500