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

**PROFIT** CORPORATION. **ANNUAL REPORT** 1998

NAME

STREET ADDRESS



**FILED** 

May 18 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000008484 (3)

|                           |  | FLORIDA) CORPORATIO                  | N<br>                                 |  |                                      |
|---------------------------|--|--------------------------------------|---------------------------------------|--|--------------------------------------|
| Principal Place           |  | Mailing Address                      |                                       | · · · · · · · · · · · · · · · · · · ·  | ·· wary) (#191 #189) (#191 #191 #191 |
| 903 W THIRD<br>SANFORD FL |  | 903 W THIRD ST<br>SANFORD FL 32771   |                                       | DO NOT WRITE IN TI   | HIS SPACE                            |
|                           |  |                                      |                                       | 3. Date Incorporated or Qualified  | THO OT MOE                           |
|                           |  |                                      |                                       | 01/12/1996   |                                      |
| 2. Principal P            | lace of Business                           | 2s. Mailing Address                  |                                       | 4. FEI Number  | Applied For                          |
| 21                        |  | 26                                   |                                       | 59-3398840   | Not Applicable                       |
| Suite, Apt.               | #, etc.                                    | Suite, Apt #, etc.                   |                                       | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Regulred    |
| City & State              | 9  | City & State                         |                                       | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be                        |
| Zip                       | Country                                    | <b>28</b>                            | Country                               |  | Added to Fees                        |
| 24                        | 25   | 29                                   | 30                                    | <ol> <li>This corporation owes or has paid the<br/>Personal Property Tax due June 30.</li> </ol> | Yes No                               |
|                           | 9. Name and Address of C                   | urrent Registered Agent              |                                       | 10. Name and Address of New Registe  | red Agent                            |
| - <del>W</del> I          | H <del>LIO, DAVIO</del> C                  |                                      | 81 Name                               | HN 6. PIERCE   |                                      |
|                           | <del>5 C-ROBINSON'</del> ST                |                                      | 82 Street Add                         | dress (P.O. Box Number is Not Acceptable)  | 1                                    |
| •                         | ITS-600-                                   |                                      | 83                                    | N. FERNOLEEK   | F345.                                |
| OR                        | I <del>LANDO FL-8</del> 2801               |                                      | 63                                    |  |                                      |
|                           |  |                                      | 84 City                               | Ardo   | 85 Zip Code                          |
| <b>€</b> € Dureught       | to the provisions of Sections CO           | 7 0602 and 607 1608 Florida St       | atutar the above named cor            | reporation submits this statement for the nurse  | FL 37802                             |
| office or ri              | egistered agent, or both, in the           | State of Florida Such change w       | as authorized by the corpora          | poration submits this statement for the purporation's board of directors. I hereby accept the    | appointment as registered            |
|                           | m familiar with, and agcept the            | obligations of, Section 607,0505     | , Florida Statutes.                   | 4/2  | elac                                 |
| SIGNATURE                 | Standure, typed or profes came of register | restinger fland filter if apply able | (NOTE Registered Agent signature requ | ured when re-installing) DA  | TE TE                                |
| 12.                       | <u> </u>                                   | S AND DIRECTORS                      | 13.                                   | ADDITIONS/CHANGES TO OFFICERS  | AND DIRECTORS IN 12                  |
| TITLE                     | D  | ☐ DELETE                             | 1.1 TULE                              |  | Change Addition                      |
| NAME                      | <b>M</b> EECHAM, BASIL J                   |                                      | 1.2 NAME                              |  |                                      |
| STREET ADDRESS            | 903 W THIRD ST                             |                                      | 1.3 STREET ADDRESS                    |  |                                      |
| CITY-ST-ZIP               | SANFORD FL 32771                           |                                      | 1.4 CITY-S1-ZIP                       |  |                                      |
| TITLE                     | D  | ☐ DELETE                             | 21 TOLE                               |  | Change Addition                      |
| NAME                      | MIMS, N. KENNETH                           |                                      | 22 NAME                               |  |                                      |
| STREET ADDRESS            | 400 W THIRD ST                             |                                      | 2.3 STHEET ADDRESS                    |  |                                      |
| CITY-ST-ZIP               | SANFORD-FL-32774                           |                                      | 2. 4 City-St-ZiP                      |  |                                      |
| TITLE                     | <b>V</b> P                                 | DELETE                               | 31 TITLE                              | ··   | Change Addition                      |
| NAME                      | HOWARD, LOREN                              |                                      | 3.2 NAME                              |  |                                      |
| STREET ADDRESS            | 903 W THIRD ST                             |                                      | 3.3 STREET ADDRESS                    |  |                                      |
| CITY-ST-ZIP               | SANFORD FL                                 |                                      | 3.4. CHY-ST-ZIP                       |  |                                      |
| TITLE                     |  | ☐ DÉLETE                             | 4.1 TITLE                             | Autor / Warring  | Change Addition                      |
| NAME                      |  |                                      | 4. 2 NAME                             | DWIN L. KOLKKI V   | J. =                                 |
| STREET ADDRESS            |  |                                      | 4.3 STRFET ADDRESS                    | 108 WITHIRD SOT  |                                      |
| CITY-ST-ZIP               |  |                                      | 4.4 CITY-ST-ZIP                       | SANFOLD, FL 327  | 7.                                   |
| TITLE                     |  | ☐ DELETE                             | 4.4 CHY-51-24P<br>5.1 TITLE           | , F 6 4 7 1  | Change Addition                      |
|                           |  |                                      |                                       |  | El sympton El Voquion                |
| NAME<br>DZOZET ADODZEGO   |  |                                      | 5.2 NAME                              |  |                                      |
| STREET ADDRESS            |  |                                      | 5.3 STREET ADDRESS                    |  |                                      |
| CITY-ST-ZIP               |  | DELETE                               | 5.4 CITY - ST - ZIP                   |  | Change I 4 augustica                 |
| time                      |  | I I DELETE                           | 6.1 TITLE                             |  | ☐ Change ☐ Addition                  |

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 trustor 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 eadress

6.2 NAME