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

Feb 12 1998 8:00am Secretary of State

1, Corporate	MEN I # P9600 IDUSTRIES, INC.	0022536 (2)			
Principal Place of Business		Mailing Address		{ 1000% DEC 100 12010 2010 12010 0011 0011 0011 00	ica liikt tiki ibbi
4121 COUNTY RD. 305		P.O. BOX 1028			
BUNNELL FL	32110	BUNNELL FL 32110		DO NOT INDITE IN THIS SPACE	
				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
j				03/08/1996	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3373271	Not Applicable
Suite, Apt. W. etc. Suite, A		Suite, Apt. #, etc.			75 Additional
22 27 City & State C		City & State		Fe	e Required
├ ─ '		28			.00 May Be
Ζιρ	Country	Zip	Country	8. This corporation owes or has paid the current year	
24	25		30	Personal Property Tax due June 30. X Yes	□No
D4	g. Name and Address of Curre	nt Registered Agent	81 Name —	10. Name and Address of New Registered Agent	
PADGETT, GLENN R 1801 W. INTERNATIONAL SPEEDWAY BLVD.			- F 3	erome D. Mitchell, E	59,
DAYTONA BEACH FL 32114			82 Street Addi	ress (P.O. Box Number is Not Acceptable) South Palmetto Aven	<u>م</u> ر
•			83	300 12 (13,13,170),100 1	
			84 City	(= 65	Zin Code
			1 1 00	ytona Beach FL 85	Zip Code 3 2 114
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 trolly, 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.					ng its registered t as registered
SIGNATURE	im familiar with, and accept the oblig				3/98
	Stanature, typical or block same of registered ag-			iss./Registord Agent 1/1	7.0
12. TITLE	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	
NAME	HAWES, VINCENT H JR	balan	1.1 TITLE 1.2 NAME	Char	nge Addition
STREET ADDRESS	555 4TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYHILL FL 32117		1.4 CITY-ST-ZIP		1
TITLE	VPO	DELETE	21 TITLE	☐ Char	nge Addition
NAME	HAWES, GREGORY D		2.2 NAME		
STREET ADDRESS	1667 CENTER ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYHILL FL 32117		2. 4 CITY-ST-ZIP		
TITLE	STD	DELETE	3.1 TITLE	☐ Char	ige Addition
NAME	HAWES, LLOYD H		3.2 NAME		
STREET ADDRESS	1120 LPGA BLVD.		3.3 STREET ADDRESS		į
CITY-ST-ZIP TITLE	HOLLYHILL FL 32117	DELETE	3.4 CITY+ST-ZIP		
NAME	HAWES, V. H	L. Detter	4.1 TITLE	Chan	ge
STREET ADDRESS	4121 CR. 305		4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	BUNNELL FL 32110				
TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Chan	ge Addition
NAME		—	5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE	☐ Chan	ge 🔲 Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		1

14. Thereby 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 suppliemental 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 coefvier or 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 an attachment with an address

1-12-96