

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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000026987

1. Corporation Name

PALATKA ARMY NAVY INC.

Principal Place of Business

Mailing Address

3721 REID ST.  
PALATKA FL  
32177

SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 3721 REID ST.

27 PALATKA FL

28 Zip Country

29 32177 30 PUTNAM

3. Date Incorporated or Qualified

3-15-APRIL 96

4. F.E.I. Number

59-3372932

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

RAY CASON  
802 E NORTH BLVD  
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name WARREN C. SCHROEDER  
82 Street Address (P.O. Box Number is Not Acceptable) 2006 QUAIL RD  
83 ALTOONA  
84 City FL 85 Zip Code 32702

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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

Warren C. Schroeder

WARREN C. SCHROEDER

12. OFFICERS AND DIRECTORS

|                |                   |                                            |
|----------------|-------------------|--------------------------------------------|
| TITLE          | PRESIDENT         | <input checked="" type="checkbox"/> DELETE |
| NAME           | RAY CASSON        |                                            |
| STREET ADDRESS | 902 E NORTH BLVD  |                                            |
| CITY-ST-ZIP    | LEESBURG FL 34748 |                                            |
| TITLE          | SECRETARY         | <input type="checkbox"/> DELETE            |
| NAME           | JAMES CASON       |                                            |
| STREET ADDRESS | 902 E NORTH BLVD  |                                            |
| CITY-ST-ZIP    | LEESBURG FL 34748 |                                            |
| TITLE          | V. PRES           | <input type="checkbox"/> DELETE            |
| NAME           | WARREN SCHROEDER  |                                            |
| STREET ADDRESS | 2006 QUAIL RD     |                                            |
| CITY-ST-ZIP    | PALATKA FL 32177  |                                            |
| TITLE          |                   | <input type="checkbox"/> DELETE            |
| NAME           |                   |                                            |
| STREET ADDRESS |                   |                                            |
| CITY-ST-ZIP    |                   |                                            |
| TITLE          |                   | <input type="checkbox"/> DELETE            |
| NAME           |                   |                                            |
| STREET ADDRESS |                   |                                            |
| CITY-ST-ZIP    |                   |                                            |
| TITLE          |                   | <input type="checkbox"/> DELETE            |
| NAME           |                   |                                            |
| STREET ADDRESS |                   |                                            |
| CITY-ST-ZIP    |                   |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                    |                                                                              |
|-------------------|--------------------|------------------------------------------------------------------------------|
| 11 TITLE          | PRESIDENT          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME           | WARREN SCHROEDER   |                                                                              |
| 13 STREET ADDRESS | 3721 REID ST       |                                                                              |
| 14 CITY-ST-ZIP    | PALATKA FL 32177   |                                                                              |
| 21 TITLE          | SEC. TREAS V. PRES | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME           | GREG BATHUR        |                                                                              |
| 23 STREET ADDRESS | 3721 REID ST       |                                                                              |
| 24 CITY-ST-ZIP    | PALATKA FL 32177   |                                                                              |
| 31 TITLE          | SECRETARY          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME           | TOM SCHROEDER      |                                                                              |
| 33 STREET ADDRESS | 2006 QUAIL RD      |                                                                              |
| 34 CITY-ST-ZIP    | ALTOONA FL 32702   |                                                                              |
| 41 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |                    |                                                                              |
| 43 STREET ADDRESS |                    |                                                                              |
| 44 CITY-ST-ZIP    |                    |                                                                              |
| 51 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |                    |                                                                              |
| 53 STREET ADDRESS |                    |                                                                              |
| 54 CITY-ST-ZIP    |                    |                                                                              |
| 61 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |                    |                                                                              |
| 63 STREET ADDRESS |                    |                                                                              |
| 64 CITY-ST-ZIP    |                    |                                                                              |

100002522841  
-05/14/98--01010--022  
\*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 incorporator or authorized person 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 my address.

SIGNATURE: Warren C. Schroeder

30 APR 98 904-328-8127

CR2E034 (10/97)