SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

PALATKA ARMY NAVY, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 19, 1999 8:00 am Secretary of State

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25		Country		Countr			Added to Fees
9. Name and Address of Current Registered Agent SCHROEDER, WARREN C 20006 GUAIL RD. ALTOONA FL 32702 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 application of sections 607.0508, 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 application of 307.1508, 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 application agent and 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 application of 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 application of the purpose of changing its registered agent. 12.	—	— ·	— ·	⊢ '			
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11. Pursuant to the provisions of sections 807 0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I 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 SIGNALURE, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent stignature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PALATKA FL 32177 STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34748 22. NAME STREET ADDRESS CITY-ST-ZIP PALATKA FL 32177 TITLE VP DELETE 31. TITLE VP DELETE 31. TITLE 22. NAME 33. STREET ADDRESS CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LEESBURG FL 34748 24. CITY-ST-ZIP TITLE VP DELETE 31. TITLE Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICE	ALIC	DONA FL 32/02		83			
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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 trustee 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 address. WARROW C. SCHROEDER

6.4 CITY-ST-ZIP