

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

FILED  
Apr 20 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 # P96000044927  
1. Corporation Name  
FLORIDA FUSION SERVICES, INC.

Principal Place of Business 1810 LEE ROAD  
ORLANDO, FL 32810  
Mailing Address 1810 LEE ROAD  
ORLANDO, FL 32810

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 2995 WETHERINGTON LN.	59-3406609	Not Applicable
22 City & State	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 VALDOST GA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 31601	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25	30 LOUDES		

9. Name and Address of Current Registered Agent

DAN NICKENS  
1227 MARSHALL FARMS ROAD  
OCFEE, FL 34761

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature typed or printed name of registered agent and the applicable agent) (NOTE: This section of agent signature required when re-stating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARL S. HOLMES	1.2 NAME	
STREET ADDRESS	3714 CREEKWOOD DR	1.3 STREET ADDRESS	3714 CREEKWOOD DR
CITY-ST-ZIP	VALDOSTA, GA 31602	1.4 CITY-ST-ZIP	VALDOSTA GA 31602
TITLE	ST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARIA D. HOLMES	2.2 NAME	
STREET ADDRESS	3714 CREEKWOOD DR	2.3 STREET ADDRESS	3714 CREEKWOOD DR.
CITY-ST-ZIP	VALDOSTA GA 31602	2.4 CITY-ST-ZIP	VALDOSTA, GA 31602
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	000002493100
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-04/20/98--01028--007
TITLE		6.1 TITLE	
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 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.

SIGNATURE: CARIA D. HOLMES 4-6-98 912-247-7330

CR2E034 (10/97)