

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

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000051844 (4)**  
1. Corporation Name  
**39514, INC.**

Principal Place of Business <b>2402 SE 15 STREET OCALA FL 34471</b>	Mailing Address <b>2402 SE 15 STREET OCALA FL 34471</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/18/1996</b>	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>59-3394380</b>	Applied For Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>KING, CHARLES T 2402 SE 15 STREET OCALA FL 34471</b>				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83. City				84. Zip Code	

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 title if applicable

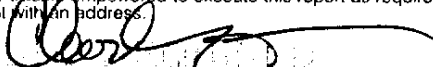
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P KING, CHARLES T 2402 SE 15TH STREET OCALA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP DEATON, JOHN S 2130 SW 37TH ST RD OCALA FL	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	S KING, CHARLES T 2402 SE 15TH STREET OCALA FL	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	T KING, CHARLES T 2402 SE 15TH STREET OCALA FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty Row]		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty Row]		2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty Row]		2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty Row]		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty Row]		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty Row]		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty Row]		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty Row]		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty Row]		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty Row]		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty Row]		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty Row]		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty Row]		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty Row]		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty Row]		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty Row]		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty Row]		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty Row]		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty Row]		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty Row]		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:



4/17/98

CR2E034 (10/97)