## 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

DOCUMENT # P96000055453 (0)

THAGGARD ENTERPRISES, INC.

## **FILED** May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					L INDITES THE ISHIP WITH WELL AND IN INC.	
1853 MAPLE AVENUE 1853 MAPLE AVENUE						
FORT MYERS		FORT MYERS				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						06/27/1996
2. Principal P	lace of Business	2a. Mailing Ad	ddress			4. FEI Number Applied For
21		26				65-0688481 Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certifi		5. Certificate of Status Desired See Required
22 City & State	<u> </u>		City & State			
23	v	·····	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zıp		Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr	rent Registered Ager	nt			10. Name and Address of New Registered Agent
	AGGARD, RAYMOND L			81	Na	Name
1853 MAPLE AVENUE 82					Str	Street Address (P.O. Box Number is Not Acceptable)
FOI		63	<u> </u>			
				63		
				84	Çit	City 85 Zip Code
44 Purcusat	to the provisions of Sections 607.0	1502 and 607 1508 FI	orida Statutos t	he show	L	pamed corporation submits this statement for the purpose of changing its registered
office or r	egistered egent, or both, in the Sta	ate of Florida Such ch	nange was author	orized by	the	-named corporation submits this statement for the purpose of changing its registered the corporation's board of directors. I hereby accept the appointment as registered.
	m familiar with, and accept the ob-	ligations of, Section 6	07.0505, Florida	i Statutes	S.	•
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NOTE Rec	gistered Age	int sigi	nt signature required when reinstaling) DATE
12.	OFFICERS A	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVST		DELETE	1.3 TITLE		Change Addition
NAME	THAGGARD, RAYMOND L			1.2 NAME		
STREET ADDRESS	1853 MAPLE AVENUE			1.3 STREET	ADOR	ADDRESS
CITY-ST-ZIP	FORT MYERS FL 33901			1.4 CITY-S	T-ZIP	
TITLE	D DELETE 211		21 TITLE		☐ Change ☐ Addition	
NAME	Transaction to transaction C		2.2 NAME			
STREET ADDRESS			2.3 STREET ADORESS		ADOR	ADORESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		L	DELETE	3.1 TITLE		Change Addition
NAME			1	3.2 NAME		
STREET ADDRESS			•	3.3 STREET		i .
CITY-ST-ZIP			DELETE	3.4. CITY-5	ST - ZIP	IT-ZIP Change Addition
TITLE		لــا	DETELL	4.1 TITLE		CHANGE MACHION
NAME				4. 2 NAME	1000	ADDREC
STREET ADDRESS				4.3 STREET		
CITY-ST-ZIP		<del>-</del>	DELETE	4.4 CITY-S 5.1 TITLE	T - ZIP	1-ZIP Change Addition
TITLE		ب	PETETE			La orango La Auditor
NAME				5.2 NAME	1000	ADDOCC
STREET ADDRESS				5.3 STREET		
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - S 6.1 TITLE	11-211	Change Addition
NAME		-		6.2 NAME		
STREET ADDRESS			į.	6.3 STREET	#UVD	ANNESS
l I				6.4 CITY - S		l e e e e e e e e e e e e e e e e e e e
CITY-ST-ZIP	certify that the information supplied	with this filing does r	not qualify for th			tion 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 oak, 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.