

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

FILED
Jan 23 1998 8:00am
Secretary of State

DOCUMENT # P96000063970 (3)

1. Corporation Name
FOUR B Z, INC.



Principal Place of Business
1238 SUMMIT CHASE DR
LAKELAND FL 33813

Mailing Address
1238 SUMMIT CHASE DR
LAKELAND FL 33813

DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |

| | |
|---|--|
| 3. Date Incorporated or Qualified | Applied For |
| 07/24/1996 | Not Applicable |
| 4. FEI Number | Applied For |
| 59-3398517 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing | \$5.00 May Be Added to Fees |
| Trust Fund Contribution | |
| <input type="checkbox"/> | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

g. Name and Address of Current Registered Agent

JACOBS, DALE GARDNER
3730 CLEVELAND HEIGHTS BOULEVARD
LAKELAND FL 33813

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| FL |
| 85 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 | PD | 1.1 TITLE | D |
| NAME | DITTMAR, DANIEL F | 1.2 NAME | WILLIAM J. BRUMMER |
| STREET ADDRESS | 1238 SUMMIT CHASE DR | 1.3 STREET ADDRESS | 1110 KELLS CT. |
| CITY-ST-ZIP | LAKELAND FL 33813 | 1.4 CITY-ST-ZIP | LAKELAND, FL 33813 |
| TITLE | | 2.1 TITLE | D |
| NAME | | 2.2 NAME | JAMES M. WEEKS, JR. |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 3922 CHEVERLY DR. W |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | LAKELAND, FL 33813 |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| 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: *[Signature]* REQUIRED

1/15/98

941-665-6060

CR2E034 (10/97)