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

OCUMENT # P96000068237 (2)

May 13 1998 8:00am Secretary of State

FILED

TIND/	ALL LATH, INC.					
				A TRACINO EN TRE CONTR ORTHI CONTR DESIGNATION DE CONTRA	1018: 1831: HAND 111: HAND 18	
Principal Pla	ace of Business	Mailing Address			Bildi alleid gradu etret ibat radi	
2226 NW 6TH ST 2226 NW 6TH ST						
OKEECHOBEE FL 34972 OKEECHOBEE FL 34972 US				DO NOT WRITE IN THI	S SPACE	
00.		ψŏ		3. Date Incorporated or Qualified	3 OI NOL	
				08/14/1996		
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3395508	Not Applicable	
Sulte, Ap	ot. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 2 2		27			Fee Required	
23	ate	City & State		Blection Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country	28 Zip	Country	8. This corporation owes or has paid the c	Added to Fees	
24	25	29	30	Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curr			10. Name and Address of New Registers		
TINDALL, LORY A 81 Nar				LORY A. TINDAH		
1407 INDIANA AVE.			82 Street Ad			
ST. CLOUD FL 34769				2226 NW 674 ST		
			B3			
			84 City		85 Zip Code	
44 5	11. A	(00 - 1007 1000 Ft. 21. 0		Kecalife F	L 34974	
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. t	am familiar with, and accept the ob-	igations of, Section 607,0505. Flo	orida Statutes.			
SIGNATURE	Signature, typed or panted name of regulered.	agent and title if applicable (NOT	F Registered Agent signature rec	guired when reinstating) DATE		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TOTLE		Change Addition	
NAME	TINDALL, LORY A		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZiP	OKEECHOBEE FL		1.4 CITY - ST - ZIP	·		
TITLE	TINDALI DANIELI	☐ DELETE	2.1 TiTLE		Change Addition	
NAME	TINDALL, DANIEL L 2226 NW 6TH ST		2.2 NAME			
STREET ADDRESS	OKEECHOBEE FL		2.3 STREET ADDRESS		}	
CITY-ST-ZIP	ONECONODE 1C	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	Secretary	Change Addition	
NAME		L. Decit		Divident 1 Tindall	change production	
STREET ADDRESS	s		3.3 STREET ADDRESS	Dwight L. Tindall 806 NW 847 St. OKEECHODEE, FL 349-		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	OKEECHOPEE FL 349"	7a	
TITLE		☐ DELETE	■ 43 HHE 1	シレクル しょいりい	Change Addition	
NAME	1		4. 2 NAME	vernon L. Collins	İ	
STREET ADDRESS	s		4.3 STREET ADDRESS	vernon L. Collins 3079 NW 74th Terr. OKEEChobee, FL 34978		
CITY-ST-ZIP			4 4 CITY-ST-ZIP	OKERCHOBER FL 34978	\	
TITLE		☐ DELETE	5 1 TITLE	,	Change Addition	
NAME			52 NAME		İ	
STREET ADDRESS	S		5.3 STREET ADDRESS			
CITY-ST-ZIP		I being	5.4 CITY-ST-7IP		Change 144%:	
TITLE		☐ DÉLETE	61 TITLE		Change Addition	
NAME expect appared	.		6.2 NAME		[
STREET ADDRESS	`		6.3 STREET ADDRESS			
CITY-ST-ZIP	1		6.4 CITY-ST-ZIP	in Section 110.07(2)(i) Florida Statutan I further		

14. Thereby 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 suppliencental angual 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 convenient in the receive/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 or angular productions with an address.

4/07/98 - 011 1117-556