

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

APPROVED
AND
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1998 MAR 12 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P960000 90250
1. Corporation Name
MBC MANAGEMENT CO., INC.

Principal Place of Business Mailing Address

P.O. BOX 314
MONTICELLO, FL. 32345

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10-31-96	
22 City & State		27 City & State		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

MILTON BRUCE CHASE
MONTIVILLA DIV.
DRYANT CIR.
P.O. BOX 314
MONTICELLO, FL. 32345

81 Name MILTON BRUCE CHASE
82 Street Address (P.O. Box Number is Not Acceptable)
MONTIVILLA DIV.
83 DRYANT CIR.
84 City MONTICELLO FL 85 Zip Code 32345

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 607.0502, Florida Statutes.

SIGNATURE MILTON BRUCE CHASE 3/12/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME M. BRUCE CHASE N/A		12 NAME	
STREET ADDRESS P.O. BOX 314		13 STREET ADDRESS 600002457386---1	
CITY-ST-ZIP MONTICELLO, FL. 32345		14 CITY-ST-ZIP -03/16/98--01002--005	
TITLE <input type="checkbox"/> DELETE		21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LOUISE R. CHASE N/A		22 NAME	
STREET ADDRESS P.O. BOX 314		23 STREET ADDRESS	
CITY-ST-ZIP MONTICELLO, FL. 32345		24 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME S. MATTHEW D. CHASE N/A		32 NAME	
STREET ADDRESS P.O. BOX 314		33 STREET ADDRESS	
CITY-ST-ZIP MONTICELLO, FL. 32345		34 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME D. MICHAEL D. CHASE N/A		42 NAME	
STREET ADDRESS P.O. BOX 314		43 STREET ADDRESS	
CITY-ST-ZIP MONTICELLO, FL. 32345		44 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: MILTON BRUCE CHASE 3/12/98 850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 997.4408
Date Daytime Phone #

CR2E034 (10/97)