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

May 04 1998 8:00am

Secretary of State

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DOCUMENT # P96000099649 (1)

DAVID E. MIDGETT, P.A.

Thereby certify that the information indicated on this annual report or officer or director of the corporation Block 12 or Block 13 if changed.

Principal Place of Business Mailing Address							4 8 111	DAIN ENTIN ALIES A	1010 1011 1001	
230 NE 25TH AVE 230 NE 25TH AVE										
OCALA FL 34470-2938		OCALA FL 34470-2938				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qua				
						12/10/1996				
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number			Applied For	
21	<u></u>	26				59-3414710			lot Applicable	
Suite, Apt.	#, etc.	Surto, Apt. #, etc.				5. Certificate of Status Desir	ed 🗆		Additional	
22	27				5. Certificate of Status Desir		Fee F	Required		
City & Stat	ie.	City & State	City & State			6. Election Campaign Finance		\$5.00	May Be	
23]			28			Trust Fund Contribution		Added	to Fees	
Zip	<u> </u>		Country			8. This corporation owes or	-		~	
24	25 25 Name and Address of Currel	29 Agent	[30]			Personal Property Tax du 10. Name and Address of N			∐ No	
		it riogistored Agent	81	ΙN	ame	IV. Hatte and Address VI II	aw Lia Bistoloi	1 Macin		
	D gett , david e 0 ne 25th ave			⊥_						
	U NE 2017 AVE CALA FL 34470-2938		62	! St	reet Addres	et Address (P.O. Box Number is Not Acceptable)				
OC.	ALA FL 344/0-2830		63	1			***************************************	-		
			84	Ci	ity		F	85 Zip	Code	
11. Pursuani	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the abov	e-na	med corpo	ration submits this statement for	r the number	of changing	its registered	
office or r	registered agent, or both, in the State	of Florida. Such change was a	authorized b	v the	corporatio	n's board of directors. I hereby	accept the ap	pointment a	s registered	
SIGNATURE	an identification of the configuration of the	more of econory correct, inc	maa olalolo							
SIGNATURE	Signature, typod or ponted name of registered ag-	ret and little if applicable (NOT/	E Registered Ag	eni sig	nature required	when reinstaling)	DATE			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS AN	ID DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	1.1 TITLE				☐ Change	☐ Addition	
NAME			1.2 NAME						į	
STREET ADDRESS	230 NE 25TH AVE		1.3 STREET ADDRESS		RESS					
CITY-ST-ZIP	OCALA FL 34470-2938			1.4 City-St-ZiP						
TITLE		☐ DELETE	2.1 THTLE					L Change	Addition	
NAME			2.2 NAME		ł					
STREET ADDRESS			2.3 STREE	-					1	
CITY-ST-ZIP		T priett	2. 4 CITY-	S1 - ZI	P					
TITLE		DELETE	3.1 TITLE					☐ Change	Addition	
NAME ATTRET ADDRESS			3.2 NAME							
STREET ADDRESS			3.3 STREE							
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-	ST-ZI	P			Channe	Addition	
NAME		□ Derest	4.1 TITLE					L. Change	☐ ¥00(00)	
STREET ADDRESS			4. 2 NAME		aree					
			4.3 STREET							
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-1	SI · ZIP	- 			Change	Addition	
NAME		F-J 5555.	5.2 NAME					- viange	Addition	
STREET ADDRESS			5.3 STREET	T ADDS	8F % %					
CITY-ST-ZIP										
TITLE		☐ DELETE	5.4 CITY - 5 6.1 TITLE	ot-ZiP				Change	Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	1 4000	RESS				ŀ	
City.St.7iP	_		E A CITY 4							

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that an under course and accurate and that my signature shall have the same legal effect as if made under oath; that I am an are involved or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

2/27/98

352-368-2800