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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 14 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State ,
DIVISION OF CORPORATIONS

DOCUMENT # P9700007377 (9)

1	on Name NIP JUI		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JU 7 3 :	rr ( <del>9</del> )											
Principal Place of Business Mailing Address										4						
					E. WALL ST.											
FROSTPROOF FL 33843				FROSTPROOF FL 33843					DO NOT WRITE IN THIS SPACE							
										-	DO NO Date Incorporated or C			SPACE		
										3.	01/21/1997	auaiii leu	,			
2. Principal F	lace of Busi	ness		2a. Mailing Address					4.	. FEI Number	<u> </u>			- IAp	plied For	
21				26						59-3424255	5				l Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5.	, Certificate of Status De					dditional	
22 City & State				City & State										quired		
23				28						6.	<ul> <li>Election Campaign Fin Trust Fund Contribution</li> </ul>	_				May Be o Fees
Zip	Zip Country						Country			8	This corporation owes					
24	[25]			29							Personal Property Tax due June 30. X Yes No					
g, Name and Address of Current Registered Agent								T N		10.	, Name and Address o	f New F	tegistered	J Agent		
WILSON, P.T.							81	INE	ame							
33 E. WALL ST. Frostproof Fl 33843							82	St	reet Addre	ess (f	P.O. Box Number is Not	Accepta	able)	-		
rn	USTROUI					83	╁									
							84	C						- Jost	7:- (	) a d a
									FL FL					Zip (		
11. Pursuant office or	to the provis	sions of Section and Jent. or both.	ons 607.0502 a in the State of	nd 607,1508 Iorida, Suct	, Florida Statut change was	tes, the a	above vd be	e-na v the	med corp	oratic	on submits this statemen board of directors. I here	t for the	purpose	of chang	ging its	registered
agent. La	ım <b>fam</b> iliar w	ith, and acce	pt the obligatio	ns of, Sectio	n 60 <b>7.0505</b> , Fl	lorida Sta	atutes	s				, a a a a a a a a a a a a a a a a a a a	17P1 1110 LIP	,pomimo	40	9,5,0,0
SIGNATURE	Signature Ivoso	Lot project paties	of registered agent ar	nd title if applicab	le (NO)	IF: Register	ed Ano	ent sia	nature require	ad wher	n rainetating)		DATE			
12.			FICERS AND D			13.	<del></del> -		in ore require		ADDITIONS/CHANGES	TO OFF		ID DIRE	CTOR	S IN 12
TITLE	D				DELETE	1.1 1	IITLE							Ch	ange	Addition
NAME	WILSON, P.T.							1.2 NAME								
	STREET ADDRESS 33 E. WALL ST.							1.3 STREET ADDRESS								
CITY-ST-ZIP TITLE								1.4 CITY - ST - ZIP 2.1 TITLE						Los	****	Additon
NAME							2.2 NAME							L_ Ch	ange	Addition
STREET ADDRESS	40 C MIAI OT							2.3 STREET ADDRESS								
CITY-ST-ZIP	EDOCTODOC FL COCA							2.4 CITY-ST-ZIP								
TITLE	1310011			<del></del>	DELETE	3.1 1		J. 211		<del>" -</del> ·····	<del></del>			Ch	ange	Addition
NAME						3.21	NAME									
STREET ADDRESS						3.3 9	STREET	ADDR	ESS							
CITY-ST-ZIP						3.4	CITY-S	ST-ZIP					· · · · · · · · · · · · · · · · · · ·			
TITLE					DELETE	4.1 7	TLE							Ch	ange	Addition
NAME							NAME									
STREET ADDRESS							STREET		ESS							
CITY-ST-ZIP TITLE	<b></b>				DELETE	4.4 C	DITY-ST	r-ZIP					-	☐ Ch	anne	Addition
NAME					Charles in		IAME								a ng c	T Value III
STREET ADDRESS						- 1	TREET	ADDR	FSS							
							OTY-S									
TITLE					DELETE	61 T		j			<del></del>			☐ Cha	ange	Addition
NAME						6.2 N	IAME									
STREET ADDRESS	<b>.</b>						3 STREET ADDRESS									
A-51 AT 100									1							

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.