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

CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # POZODODODOS (5)

FILED Jun 10 1998 8:00am Secretary of State

Dear don't

M. C.		Mailing Address 1899 OAK TRAIL CALLAHAN FL 32011				
					3. Date Incorporated or Qualified 03/03/1997	SPACE
2. Principal F	rincipal Place of Business 28. Mailing Address				4, FEI Number	Applied For
21 26		<u> </u>			59-3432435	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	F 1		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	to	City 8 State	27 City & State			Fee Required
23	to	f	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z(p)	p Country		8. This corporation owes or has paid the o	
24	25	29	30		Personal Property Tax due June 30.	Yes 🗌 No
	g. Name and Address of Curi	rent Registered Agent		T	10. Name and Address of New Registere	d Agent
	OYD, MICHAEL C		81	Name		
	199 0 ak trail All a han Fl 32011		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
Ų,	ALEMANN PC 05011		83	 		
•						
•			64	City	F	85 Zip Code
office or agent. La	registered agent, or both, in the Sta am familiar with, and accept the ob- Signature typed or matest here objected	digations of Section 607.0505,	Florida Statute	S.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	opointment as registered
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PLOYD, MICHAEL C	[] DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	1899 OAK TRAIL		1.2 NAME	1		
STREET ADDRESS	CALLAHAN FL 32011			ADDRESS		
CITY-ST-ZIP TITLE	GARDANA I C GEGI	DELFTE	1.4 CITY-5 2.1 TITLE	ST-ZIP		Change Addition
NAME						
STREET ADDRESS			2.2 NAME 2.3 STREET	ADDRESS		
CITY-ST-ZIP			2. 4 CITY-	1		
TITLE	DELETE		3.1 THTLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		į
City-ST-ZiP		There is a second secon	34 CITY-	ST-ZIP		
TITLE	DELETE		4.1 TATLE			Change Addition
NAME			4. 2 NAME	ľ		
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP TITLE			4.4 City-5 5.1 Title	1-21		Change Addition
NAME		<u> </u>	5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CHY- 9	4		
TITLE		DELETE	6.1 TITLE		الاحالانساء سنبيط فيسيد فيسو فرساء فليها فيساه فيساد	Change
NAME			6.2 NAME		3000025571 -06/11/9801089(4 ジ 26 f E
STREET ADDRESS			6.3 STREET	ADDRESS	***150.00	120 70
CITY-ST-ZIP			6.4 CITY - S	ST - ZIP	本本等 1 つじ。 見じ	6.10

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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

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