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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P97000023432 (2)

GEORGE T. ELDRIDGE ACCOUNTANTS, INC.

**FILED** Jan 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
11509 EAST DR. MARTIN LUTHER KING BLVD. POST OFFICE BOX 1187 MANGO FL 33550 MAGO FL 33550					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					03/09/1997
	lace of Business	2a. Mailing Address	uga		4. FEI Number Applied For Not Applicable
21		26 P.O. BOX 1187			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State 28 MAN90,	28 MANGO, HORIDA		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees
Zip	Country	Zip	Countr		8. This corporation owes or has pald the current year Intangible
24	25   29 33 550 - 1/8 (   30   -		10 Iti	lls bornigh	Personal Property Tax due June 30. Yes No
<u> </u>		ent Hegistered Agent	8	Name	10. Name and Address of New Registered Agent
ELDHIDGE, GEORGE I				IName	
11509 EAST DR. MARTIN LUTHER KING BLVD.			82	Street Adda	ress (P.O. Box Number is Not Acceptable)
MAI	NGO FL 33550		83	3	
			84	City	<b></b> 85 Zip Code
			'	<b>!~L</b>     `	
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 607.0505, Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature require					
12.		ND DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	D ELBBIOS OSOBOS F	T nerese	1.7 TITLE		Charge Modicin
NAME			1.2 NAME		
STREET ADDRESS		THER KING BLVD.	1	T ADDRESS	
CITY-ST-ZIP TITLE			1.4 CITY- 2.1 TITLE		Change Addition
NAME		L.J Occuse	2.2 NAME	1	
				T ADDRESS	
STREET ADDRESS	· · ·		2. 4 CITY	1	•
CITY - ST - ZIP FITLE			3.1 TITLE		Change Addition
NAME			3.2 NAME		_ · •
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE			4.1 TITLE		☐ Change ☐ Addition
NAME	4. 2		4. 2 NAM8	:	
STREET ADDRESS	ADDRESS 4.3		4.3 STREE	T ADDRESS	
CITY-ST-ZIP	ST- ZIP 4.4		4.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	ľ	4-
STREET ADDRESS	IT ADDRESS 5.3		5.3 STREE	T ADDRESS	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	
TITLE	DELETE 6.1		6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRESS	
CITY-ST-ZIP			6.4 CITY -		
14. Thereby c	ertify that the information supplied	with this filing does not qualify for	the exemi	otion stated in	Section 119.07(3)(i), Florida Statutes, I further certify that the information

indicated on this annual report or supplied with this time does not qualify in the exemptor stated in decade in 19.07(3)). Florida statutes, indicates in 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: