## 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 / /

## DOCUMENT # P97000023878 (6) 1. Corporation Name CHOOCLANGE TRADITION CONTRACTOR (1997)

## FILED May 19 1998 8:00am Secretary of State

CHOCTAW TRADING COMPANY, INC.  Principal Place of Business Mailing Address 214 W. BROAD \$T.  GROVELAND FL 34736 GROVELAND FL 34736											DO NOT WRITE IN THIS SPACE						
										1.3	3	03/17/1997					
2. Principal Place of Business						2a. Mailing Address											4
21	<del></del>					26					4. I El Maribol				<del></del>	Applied For Not Applicable	
211	Suite, Apt. #, etc.				Suite, Apl. #, etc.									\$2	$\rightarrow$	Additional	┨
22	<b>7</b>				27					1	5.	Certificate of Status Desired	L			equired	
	City & State					City & State					6. Election Campaign Financing \$5.00 May Be					May Re	7
23	<u> </u>			28	28				'		Trust Fund Contribution				to Fees		
	<b>Z</b> ip		L_ Co	ountry		Zip	Col	untry			8.	This corporation owes or has p	aid the cu	rent y	ear Int	angible	1
24			25	<u></u>	29		30					Personal Property Tax due Jun		Yes		No	
	1			ddress of Current	Regis	tered Agent		1		1	0.	Name and Address of New R	egistered	Agent			4
		D, WAYNE						81	Name								1
7		W. BROA		100				82	Street A	ddress	(P	O. Box Number is Not Accepta	ble)				1
7"	GH	OVELAND	FL 34/	736				83									4
								63									
								B4	City				FL	85	Zip (	Code	7
11	Pursuant I	to the provis	ions of	Sections 607 0502	and 60	07 1508 Florida Statu	les the a	hove	a-named	Cornoral	tion	submits this statement for the		f chan	i aina it	s registered	╣
٠.	office or re	eoistered ac	cent, or	both, in the State of	of Floric	da Such change was 1. Section 607,0505, FI	authorize	ed by	the corp	oration's	s b	oard of directors. I hereby acce	ept the app	ointm	ent as	registered	
		ım tamıllar w	um, amo	raccept the obliga	DOUS OF	r. Section 607.0505, Fi	orida Sta	เนเอร	<b>,</b>								
SI	GNATURE	Signature, typic	for printer	I name of legistoled ages	and the	Capplicable (NO)	I Bouistere	ad Age	nt signature	equired wh	hen	reinstating)	DATE		<del></del>		-
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		ertify that th	e inforn	nation supplied wit	h this fi	iling does not qualify f				d in Sec	tio	n 119.07(3)(i), Florida Statutes.	further co	ertify th	nat the	information	7

in nereby carmy that the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(3)(i). Horida Statutes, i further certify that the information indicated on this annual report or suppliemental 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 opt in attrictment with an address.