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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000030666 (6)

1. Corporation Name
GREAT POND ENTERPRISES, INC.

Principal Place of Business	Mailing Address
17312 HUBERS COURT ODESSA FL 33556	17312 HUBERS COURT ODESSA FL 33556

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/04/1997

2. Principal Place of Business	2a. Mailing Address
21 1763 Ranchwood Dr. S.	26 1763 Ranchwood Dr. S.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Dunedin Florida	City & State 28 Dunedin Florida
Zip 24 34698 / Country 25	Zip 29 34698 / Country 30

4. FEI Number: 59-3437271 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FULLER, CLARENCE M 17312 HUBERS COURT ODESSA FL 33556	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CTO Fuller CLARENCE M. 1763 Ranchwood Dr. S. DUNEDIN FL 34698	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JURE, JOHN D 17312 HUBERS COURT ODESSA FL 33556	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HAGY, ROBERT S 17312 HUBERS COURT ODESSA FL 33556	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	PD HAGY Robert S. 1763 Ranchwood Dr. S. Dunedin Fl 34698	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ANDREOTTA, LOUIS A JR. 17312 HUBERS COURT ODESSA FL 33556	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD Andreotta, Louis A. JR. 1763 Ranchwood Dr. S. Dunedin Fl 34698	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

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.

SIGNATURE: _____ Robert Steven Hanus 4-17-98 813 733 1937