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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 20 1998 8:00am Secretary of State

1. Corporation	MEN I on Name	. 131	00000	32474 (3	رد		
DWIG	HT SKID	MORE INC.				1 18511654 118 18111 18311 83111 65111 85111	186 4146 11814 61814 1884 1884 1885
Principal Plac	ce of Busines	s	Ма	iling Address		L HARRIANT SID INTEL MORE MORE DAILE ONLY	IAN BIILN DINIL DINIE SODEI MINI 1001
28060 MAGNOLIA			P O BOX 431321				
BIG PINE KEY FL 33043-1321			BIG PINE KEY FL 33043-1321		DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	
						04/09/1997	
2. Principal Place of Business			28.	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.			26	Suite, Apt. #, etc.		65-0744316	Not Applicable
22			27	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State				Crty & State		8. Election Campaign Financing	\$5.00 May Be
23			28			Trust Fund Contribution	Added to Fees
Zip 24		Country	<u> </u>	Zip	Country	8. This corporation owes or has paid the	
24	a. Name	and Address of C	29 Current Regist	ered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Register	X Yes No
9	SKIDMORE,				81 Name	10. 100.	<u> </u>
	29060 MAG				B2 Street Add	fress (P.O. Box Number is Not Acceptable)	
		EY FL 33043-132	21		Sireet Aud	ress (F.O. Box Number is Not Acceptable)	
					83		
					84 City		85 Zip Code
44 5	to the provin		20102 20				
: 11. Pursuani	to me provis	ions of Sections 60	u vouz and bu	7.1508. Elorida Stat	utes, the above-hamed cor	poration submits this statement for the nuroos	
office or a	registered ag	ions of Sections 60 jent, or both, in the	State of Florida	7.1508, Florida Stat a. Such change was Spotian 607 0505	lutes, the above-named consistent and corporations authorized by the corporations of the corporations are consistent as a corporation of the corporations are corporations and corporations are corporations and corporations are corporated by the corporations are corporated are corporations are corporated are corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	e of changing its registered appointment as registered
_		ions of Sections 60 jent, or both, in the Ih, and accept the	State of Florid obligations of,	7.1508, Florida Stat a. Such change was Section 607.0505, I	utes, the above-named cor, s authorized by the corpora Florida Statutes.	poration submits this statement for the purposition's board of directors. I hereby accept the a	e or changing its registered appointment as registered
office or agent. I a		ions of Sections 60 lent, or both, in the th, and accept the or mixed same ellegistic or mixed same ellegistic	7		Lutes, the above-named corse authorized by the corpora Florida Statutes. OIE Registered Agent signature requirements		
SIGNATURE	Signature typed	or, motest harninel registr	7	applicable (NO	CTE: Registered Agent signature requ		AND DIRECTORS IN 12
SIGNATURE 12.	Signature typed	OF BEER	nied agent and plic d	applicable (N	OTE: Registered Agent signature required. 13. 1.1 TITLE	olifed when reinstating) DATI	
SIGNATURE 12. TITLE NAME	Signature typed P SKIDM	OFFICER	nied agent and plic d	applicable (NO	OTE: Registored Agent signature regulation 13. 1.1 TifLE 1.2 NAME	olifed when reinstating) DATI	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	P SKIDM 29060	OFFICER OFFICER ORE, DWIGHT MAGNOLIA	recolations and site the SAND DIREC	applicable (NO	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	olifed when reinstating) DATI	AND DIRECTORS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P SKIDM 29060 BIG PI	OFFICER OFFICER ORE, DWIGHT MAGNOLIA NE KEY FL 3304	recolations and site the SAND DIREC	applicable (NO	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	olifed when reinstating) DATI	AND DIRECTORS IN 12
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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.