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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Sccretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000034154 (9)

FILED Mar 12 1998 8:00am Secretary of State

W.H. C	DAY & ASSOCIATES, INC.					
Principal Plac	e of Business	Mailing Address				I FADILAND ME EMIN TABUT BANK BANK BERK MEINE MINES FLAGE FLAGE MARY FLAGE WALLE WIND
	OOD PARK BLVD.	4632 DELWOOD PA				
PANAMA CITY BEACH FL 32408 PANAMA CITY BEACH FL 32						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
1						04/15/1997
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		<u>}</u>	26			59-3441206 Not Applicable
Suite, Apt.	#, otc		Suite, Apt. #, etc.			SR 75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Z _{(p}	⊢ −¬	ıntry		6. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Curre	29 Anni Registered Agent	30	г		Personal Property Tax due June 30. X Yes No 10. Name and Address of New Registered Agent
D.		AIL LIGHT OF AND ILL		81	Name	
	NY, WILLIAM H 132 DELWOOD PARK BLVD.					
	NAMA CITY BEACH FL 32408			82	Street	et Address (P.O. Box Number is Not Acceptable)
""	WAMA CITT BEACH FL 32400			63	 -	
				84	City	FL es Zip Code
11. Pursuant office or r agent. I a SIGNATURE						ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
12.	Signature, typod or printed name of registered a:	post and title if applicable ND DIRECTORS	(NO16 Hingistore	d Age	nt signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OCTOTION.	DELETE	1.1 11	TLE		P Change X Addition
NAME				AME		WILLIAM H DAY
STREET ADDRESS			1,3 S			(· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP			1.4 CI			PANAMA CITY BEACH, FL 32408
TITLE		DELETE		2.1 TITLE		Change Addition
NAME			22 N	AME	ļ	
STREET ADDRESS			2351	REET	ADDRESS	s
CITY-ST-ZIP			2.40	2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TI	TLE		☐ Change ☐ Addition
NAME			3.2 N/		ļ	
STREET ADDRESS			3.3 S1	REET	ADDRESS	s
CITY-ST-ZIP		T Mr. Far	3.4. C		7-21P	
TITLE		☐ DELETE	4.1 77			☐ Change ☐ Addition
NAME			4.2 N			
STREET ADDRESS			1		ADDRESS	S
CITY-ST-ZIP		DELETE	4.4 CF 5.1 TF		I-ZIP	☐ Change ☐ Addition
TITLE			5.1 JI 5.2 N/			L. J Change L.J Applican
NAME Street address					ADDRESS	
			5.4 Ci		1	3
CITY-ST-ZIP TITLE		DELETE	5.4 Cr 6.1 Tr		1-ZIr	Change Addition
NAME		preene	6.1 N		ļ	_ Johnson
STREET ADDRESS					ADDRESS	s
CITY-ST-ZIP			6.4 CI			
	antify that the information available	with this filing dose not qual				stad in Section 110 07/3/(i) Elorida Statutas. 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 early; 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: