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 DIVISION OF CORPORATIONS

DOCUMENT # P97000051650 (4)

SUPERIOR RESOURCES, INC.

FILED May 15 1998 8:00am Secretary of State



1 milliopai mai	CO OF BUSINESS	IVI	aning Address				- 1					
P.O. BOX 10 FREEPORT F												
		•						DO 1	NOT WRITE IN THIS	S SPA	C€	
							3	Date incorporated or	Qualified			
								06/11/1997				
	Place of Business	28. Mailing Address 26. Way 3 Styre way 83 Suite, Apt. #, etc. City & State City & State City & State Country A. Fel Number 59 - 345 O Country B. Trust Fund Contribut Trust Fund Contribut 7 ip Country B. This corporation owe Personal Property Te Personal Property Te 10. Name and Address 81 Name 82 Street Address (P.O. Box Number is N 83 84 City 667.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statem the State of Florida Such change was authorized by the corporation's board of directors. I he the obligations of, Section 607.0505, Florida Statutes. CITY COUNTRY 83 84 City City City COTT Registered Agent and the flappicable (NOTE Registered Agent Agent Agent Agent Registure required when renstating) ERS AND DIRECTORS 13. ADDITIONS/CHANGE 11. LITTE 12. NAME 13. STREET ADDRESS 14. STREET ADDRESS 14. STREET ADDRESS 15. Certificate of Status 6. Election Campaign F Trust Fund Contribut 7 In Street Address 6. Election Campaign F Trust Fund Contribut 10. Name and Address 10. Name and Address 10. Name and Address 11. LITTE 12. NAME 13. STREET ADDRESS 14. STREET ADDRESS 15. Certificate of Status 15. Certificate of Status 16. Election Campaign F Trust Fund Contribut 17. Trust Fund Contribut 19. Country 8. This corporation owe Personal Property Te 10. Name and Address 11. LITTE 12. NAME 13. STREET ADDRESS 14. FEI Number 15. Certificate of Status 15. Certificate of Status 16. Election Campaign F 17. Trust Fund Contribut 18. This corporation owe 19. Personal Property Te 19. Country 19. Coun						A	pplied For			
27 16923 STATE HW 83								59-345 0	933		N	lot Applicable
Suite, Apt	:#, etc.	ļ_,	Suite, Apt. #, etc.				-	5 Certificate of Statue I	Desired T	\$	8.75	Additional
22		27						o. Certificate of Status I	2031/6U (2)		Fee F	Required
City & State			L				6	6. Election Campaign F	inancing	(5.00) May Be
23 DE FU	HILL SPENGS, PC	28				FL		Trust Fund Contributi	on 🔲		Added	to Fees
Zip Country 24 33433 25 WACTON							8					
24 3243	······································			30 W	AC.	אמו				MY.		□ No
		n Hegis	rerea Agent		D1	Alono		0. Name and Address	of New Registered	Age	<u> 1t</u>	
	LDER, VINCENT C				וים	Name	;					
16923 STATE HWY. 83					82 Street Addr			(P.O. Box Number is No	of Acceptable)	•		
DE	FUNIAK SPRINGS FL 32433							· · · · · · · · · · · · · · · · · · ·				
					83							
					84	City				8	Zip	Code
						-			FI	_		
office or	to the provisions of Sections 607.050; registered agent, or both, in the State	2 and 60 of Floric	07.1508, Florida Sta da. Such change wa	tutes, the at	JOVE Lhv	named:	d corporation's	ion submits this stateme : board of directors. The	ent for the purpose	of cha	nging	its registered
agent. I a	are tamiliar with, and action the obliga	ations of					1	· · ·	neby decept the ap	ропп	norn a	a registered
SIGNATURE	JIMOM WILDIN			الطحم		, H	RESIDE	7				
12.					Age	ni sigi iaturo	re required whe		DATE			
TITLE	D	Dinic			1.0		70	ADDITIONS/CHANGES	S TO OFFICERS AN		ECTO: Change	
NAME	WILDER, VINCENT C		1	1.1 H/UF		P	. مسلومه و مدول في			onange	Addition	
	16923 STATE HWY. 83						11-02	2 chans Hwy 83				
STREET ADDRESS	DEFUNIAK SPRINGS FL 3243	2							Ø 15012			
CITY-ST-ZIP TITLE	DEI ONIAN OFFINIOS FE 3243	<u> </u>	nece re			- ZIP	DEFUE	WATE BURNESS !	C DAYS S	-	76	Addition
NAME			ב שננונ					'		ш	Change	Addition
STREET ADDRESS								:				
CITY-ST-ZIP TITLE			DECETE			I - Z P	<u> </u>					4 2 400 -
NAME			C) bleft							Ш,	Change	Addition
STREET ADORESS												
				1				•				
CITY-ST-ZIP TITLE			DELETE			I - ZIP	ļ				240000	1 12200-
NAME			LJ DELLIE					•		اليا	Change	Addition
STREET ADDRESS						noncee.						
CITY-ST-ZIP TITLE			DEFETE			- ZIP	ļ			-	·h	Addition
NAME							1	•			:hange	L Addition
				5.2 NAI								
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP			DELETE	5.4 C/I		- ZIP	ļ			7	hon	
			LJ DELETE	6110						ш	Change	☐ Addition
NAME				62 NA	ML		1					
							1					
STREET ADDRESS CITY-ST-ZIP				6.3 STF 6.4 CH		ADDRESS						

Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if dhanged. It on an attachment with an address.