## 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

P97000056717 (6) **DOCUMENT #** 

## **FILED** Apr 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address  ROUTE 4 BOX 914 FORT WHITE FL 32038  ROUTE 4 BOX 914 FORT WHITE FL 32038				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  06/26/1997	
2. Principal P	lace of Business	2a. Mailing Address			# EEI Number
21		26			59-3456/45 Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Section Secti
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution  Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the current year Intangible
24	25 Name and Address of Curr	29]	30		Personal Property Tax due June 30. X Yes No
i Al	NCE, JAMES M	our undistoing whelir		Name	10, Haille Bild Address of New Registered Agent
ROUTE 4 BOX 914			S 0 11	L (D O D D )	
	RT WHITE FL 32038		1	32 Street Add	lress (P.O. Box Number is Not Acceptable)
			8	33	
			3	34 City	<b>■• 85</b> Zip Code
				'	FL     '
SIGNATURE	Signature, typed or printed manural registered a OFFICERS A			Agent signature requi	poration submits this statement for the purpose of changing its registered attom's board of directors. I hereby accept the appointment as registered accept the appointment as registered accept the appointment as registered.  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	LANCE, JAMES M		1.2 NAM	IE .	
STREET ADDRESS	ROUTE 4 BOX 914 1.3 STREET ADDR		EET ADDRESS		
CITY-ST-ZIP	FORT WHITE FL 32038		1.4 City	- ST - ZIP	
TITLE		☐ DELETE	2 i Titl	F	☐ Change ☐ Addition
NAME			2 2 NAM		
STREET ADDRESS			1	EET ADDRESS	egypt open
CITY-ST-ZIP TITLE	* · · · · · · · · · · · · · · · · · · ·	☐ DELETE	2 4 CITY 3 1 117L	Y-ST-ZIP	☐ Change ☐ Addition
NAME			3 2 NAM		Change D Addition
STREET ADDRESS				EFT ADDRESS	
CITY-ST-ZIP				7-ST-ZIP	
TITLE		DELETE	4.1 THIL		Change Addition
NAME			4. 2 NAA	ME .	
STREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY	- S1- 2IP	
TITLE		DILETE	5.1 7(1).8		Change Addition
NAME			5.2 NAM	£	
STREET ADDRESS			5.3 STRE	ET ADDRESS	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		5.4 CITY	- ST - Z)P	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAM	E	
STREET ADDRESS			6.3 STRE	ET ADDRESS	
CITY-ST-ZIP			6.4 CITY	-ST-ZIP	

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the reserver or trustee onipowered 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 or an adaptive it with an address.

7/1/00