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 # P9700066572 (3)

ACTION WELL WORKS OF OKEECHOBEE, INC.

Principal Place of Business

Mailing Address

FILED Apr 27 1998 8:00am Secretary of State



Frincipal Flace	or business	Mailing Address						
5801 HWY 98 OKEECHOBEE		5801 HWY 98 NORTH OKEECHOBEE FL 34972						
OHEO HOULE	, is additional to the second	ONELOHOOLE IL VIOLE			DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualified			
					07/31/1997			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 605	W.S. Park St.	26 605 W.S. P.	605 W.S. Park Street		65=0772745		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Certificate of Status Desired S8.75 Additional		
22 Su 1	te 215	27 Suite 215 City & State			Fee Required			
City & State		k			Election Campaign Financing \$5.00 May Be			
	echobee, 34972	28 Okeechobe			Trust Fund Contribution LJ	Added to Fees		
Zip	Country	Zip	Country		6. This corporation owes or has paid the cu	rrent yea XI Yes	ar Intangible ☐ No	
24 34	1972 25 Okeechobe 9. Name and Address of Current	6 ²⁹ 34972 :	³⁰ Oke	echobe	Personal Property Tax due June 30. 10. Name and Address of New Registered		- NO	
GO		Hogistorea Agent	81	Name	10. Name and Addition of the Magnetone	rigoni		
GOOLSBY, ERNEST C II 5801 HWY 98 NORTH								
	EECHOBEE FL 34972	82 Street Add		Street Add	ddress (P.O. Box Number is Not Acceptable)			
UN	ECONODEC PL 048/2		83	l				
			84	City	FL	85	Zip Code	
44 Purement t	to the provisions of Sections 607.0502	and 607 1508 Florida Statuta	e the about	a named cor	poration submits this statement for the purpose of	•	ing its registered	
office or re	e nister ed agent, or both, in the State c	f Horida. Such change was au	uthorized by	the corpora	ation's board of directors. I hereby accept the app	chang	nt as registered	
agent. I ar	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	rida Statute	S.				
SIGNATURE	Stonature, typed or printed name of registered agent	and the disoplicable (NOTE	Registered And	eni sonature requ	uired when reinstating) DATE			
12.	OFFICERS AND	_,	13.	ar ognation requ	ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS IN 12	
TITLE	D	DELETE	11 TITLE			☐ Cha		
NAME	GOOLSBY, ERNEST C II		1.2 NAME					
STREET ADDRESS	5801 HWY 98 NORTH		1.3 STREET	ADDRESS				
CITY-ST-ZIP	AVECCHAREE EL 24070		14 CiTY-5				1	
TITLE	P	DELETE	2 1 TITLE			Cha	nge Addition	
NAME	CORWIN, MIKE		22 NAME					
STREET ADDRESS	5801 HWY 98 NORTH		2 3 STREET	ADDRESS				
CITY-ST-ZIP	OKEECHOBEE FL 34972		2 4 CITY-	ST-ZIP			•	
TITLE	81	DELETE	3 1 TITLE			Cha	nge 🔲 Addition	
NAME	FOY, MARGARET		3.2 NAME					
STREET ADDRESS	5801 HWY 98 NORTH		3.3 STREET	ADDRESS				
CITY-ST-ZIP	OKEECHOBEE FL 34972		3 4. C(TY-	ST-ZIP				
TITLE		DELETE	4.1 TITLE		V	☐ Cha	nge XX Addition	
NAME			4.2 NAME		MARK CORWIN		İ	
STREET ADDRESS			4.3 STREET		5801 HWY 98 NORTH		j	
CITY-ST-ZIP			4.4 CITY- S		OKEECHOBEE, FL 34972			
TITLE		☐ DELETE	5.1 TITLE			Cha	nge Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS			1	
CITY-ST-ZIP	<u></u>		5.4 CITY-5	IT-ZIP				
TITLE		□ ĐEL ETE	6.1 TITLE			Cha	nge 🔲 Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP				

14. Thereby 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 to an attachment with an address. Ernest C. Goolsby II