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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Hortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000067484 (0)

## **FILED** Jun 04 1998 8:00am Secretary of State

| Suite, Apt. #,   | N Business I-BIRCEP 82507- De of Business Palablox St.   | Mailing Address  Sto OHASCHILE STREET  TENSAGOLA FL 32507.  2a. Mailing Address  2b. S. Pal  Suite, Apt. #, etc. | Labox St   | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 08/04/1997  4. FEI Number 59 - 34 5 8 8 3 9  Applied For Not Applicable  5. Certificate of Status Desired  \$8.75 Additional                                    |
|--|--|--|--|---|
| 22 SulTa<br>City & State   | 1 202  | 27 SulTe<br>City & State   | 202  | Fee Required     S. Election Campaign Financing     S.00 May Be   |
| 23 PSN   | SACOLA, FL   | 28 Ponsac  | Country FL   | Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year Intengible   |
| 24 52 50   | 25 USB   | . ⊢າ   | 30 USA   | Personal Properly Tax due June 30.  Yes No  |
|  | Name and Address of Curren     WAY, DONALD D   |  | ·- / ·-  | 10. Name and Address of New Registered Agent  RENT L. Boy LES  Address (P.O. Box Number is Not Acceptable)  |
| 11. Pursuant to office or reg agent. I am  | the provisions of Sections 607.011) istered agent, in the State familiar with, but ac applice of gas | 2 and 477, 1508. Plorida Statute<br>of Lyndy Suga change was a<br>shorts of Society 607, 0505, Flo               | 84 City <b>2</b>   | Address (P.O. Box Number is Not Acceptable)  Suite 30.2  EUSD COLA  Corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered |
|  | gnature typest United raths of regulated ages  |  | Registered Agent signature   |   |
| TITLE  | OFFICERS AND   | D DIRECTORS  DELETE  | 13.<br>1.1 TITLE   | P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change   ☐ Change  ☐ Addition   |
| NAME   |  |  | 1.2 NAME   | BRENT L. BOYLES   |
|  |  |  | 1.2 TO OHL   | A420 MRSURA M   |
| - I  |  |  | 1.3 STREET ADDRESS   | 4152 MADURA 5   |
| STREET ADDRESS   |  |  | 1.3 STREET ADDRESS   | GULF BREEZE, FL 32561   |
| _ I  |  | DELETE   | 1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE   |   |
| STREET ADDRESS<br>CITY-ST-ZIP  |  | ☐ DELETE   | 1.4 CITY - \$1 - ZIP   | GULF BREEZE, FL 32561   |
| STREET ADDRESS CITY-ST-ZIP TITLE   |  | ☐ DELETE   | 1.4 CITY-\$1-ZIP<br>2.1 TITLE  | SULF BREEZE, FL 32561 S KATHLEEN BOYLES 4152 MADURA 5   |
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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 eath; 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.