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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

	MENT # P9700 TRYTIME PUB, INC.	0067663 (9)		
Principal Place	o of Business	Mailing Address			l
Principal Place of Business 616 N STATE ST BUNNELL FL 32210 Mailing Address P O BOX 1484 BUNNELL FL 32210 BUNNELL FL 32110					
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
ļ				08/04/1997	
_	lace of Business	2a. Mailing Address		4. FEI Number Applied Fo S 9 - 3460332 Not Applie	
Sulte, Apt.	# alc	Suite, Apt. #, etc.		59 - 340053% Not Applie	
22	π, 6ιο.	27		5. Certificate of Status Desired Fee Required	a 1
City & State	0	City & State		B. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	,
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30. X Yes No	
	e. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent	
	ACÉWELL, RHONDA		81 Name		
616 N STATE ST			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
60	NNELL FL 32210		83		
			63		
			84 City	FL 85 Zip Code	
44 Purcuant	to the provisions of Spatians 607.050	32 and 607 1508 Florida Stat	utes the about named cor		orod
agent. I as	m familiar with, and accept the oblig Signature, typed or printed name of registered ago	ent and little if applicable. (N	s authorized by the corpora Florida Statutes. DTE Registered Agent a gnature requ	poration submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as register ared when renstating) DATE	—
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	BRACEWELL, RHONDA	☐ DELETE	1.1 THTLE	∐ Change ☐ Add	MODIE
NAME	P O BOX 1484 N/A		1.2 NAME		ľ
STREET ADDRESS	BUNNELL FL 32110		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Add	dition
NAME	DUPONT, JORJA	- VICE	2.2 NAME	E. Chango E. Aus	,,,,,,,,
STREET ADDRESS	P O BOX 1484 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	BUNNELL FL 32210		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	Change Ado	noilit
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DETELE	4.1 TITLE	☐ Change ☐ Add	noilit
NAME			4. 2 NAME		i
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELE TE	5.1 TITLE	Change Ado	Jition
NAME.			5.2 NAME		J
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		[] Dolovo	5.4 CITY-ST-ZIP	Flat. Flat	dia:
TITLE		L DELETE	6.1 TITLE	Change Ado	noon
NAME			6.2 NAME		
STREET ADDRESS			: 6.3 STREET ADDRESS		

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 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 chapter 607, or on an attachment with an address.

SIGNATURE STORMAR Brock SOL

10-9F

437-4233

FILED

Jan 29 1998 8:00am

Secretary of State