PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000072359 (7)

Principal Place of Business Mailing Address 833 HIGHWAY 90 WEST DEFUNIAK SPRINGS FL 32433 DEFUNIAK SPRINGS FL 32438	DO NOT WRITE IN THIS SPACE
	3. Date Incorporated or Qualified 08/20/1997
2. Principal Place of Business 2a. Mailing Address 26 POBOX 1449	4. FEt Number Applied For
21 26 (20 30 X 14 4) Sulte, Apt. #, etc. Suite, Apt. #, etc.	7 59-346867H Not Applicable \$8.75 Additional
22	5. Certificate of Status Desired Fee Required
City & State City & State	6. Election Campaign Financing \$5.00 May Be
23 Detuniale Jaco	Trust Fund Contribution L Added to Fees
Zip Country Zip Country 29 32435 30 US	6. This do portation ones of his parts the borrent your intengible
24 25 29 30 US	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
DAVIS, MARK D 81	Name
694 BALDWIN AVENUE	Street Address (P.O. Box Number is Not Acceptable)
DEFUNIAK SPRING FL 32433	Sireet Address (F.O. Box Number is Not Acceptable)
83	
84	City 85 Zip Code
	FL
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE	the corogration's board of directors. Thereby accept the appointment as registered.
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE	y the corporation's board of directors. I hereby accept the appointment as registered s.
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typed or pented name of registered agent and talle if Applicable (NOTE Registered Age 12. OFFICERS AND DIRECTORS 13. TITLE PSTD DELETE 1.1 TITLE	y the corporation's board of directors. I hereby accept the appointment as registered s. Out signature required when reinstaing) DATE
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typed or pented name of registered agent and talle if Applicable (NOTE Registered Age 12. OFFICERS AND DIRECTORS 13. TITLE PSTD DELETE 1.1 TITLE NAME BUTTS, R. BRUCE 1.2 NAME	with a corporation's board of directors. I hereby accept the appointment as registered s. In the corporation's board of directors. I hereby accept the appointment as registered s. In the corporation's board of directors. I hereby accept the appointment as registered s. In the corporation's board of directors. I hereby accept the appointment as registered s. In the corporation's board of directors. I hereby accept the appointment as registered s. In the corporation's board of directors. I hereby accept the appointment as registered s.
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typod or pented name of registered agent and little if equilicable (NOTE Registered Age 12. OFFICERS AND DIRECTORS 13. TITLE PSTD DELETE 1.1 TITLE NAME BUTTS, R. BRUCE 5TREET ADDRESS P.O. BOX 1449 1.3 STREET	with corporation's board of directors. I hereby accept the appointment as registered s. ant signature required when reinstaing) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
SIGNATURE SIGNATURE Signature, typod or prented name of registered agent and late if equilicable (NOTE Registered Age 12. OFFICERS AND DIRECTORS TITLE PSTD DELETE 1.1 TITLE NAME STREET ADDRESS CITY-SI-ZIP DEFUNIAK SPRINGS FL 32435 SIGNATURE NOTE Registered Age (NOTE Registered Age 1.3 STREET 1.4 LITTLE 1.2 NAME 1.3 STREET 1.4 CITY-SI-ZIP DEFUNIAK SPRINGS FL 32435	ant signature required when reinstaining) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 □ Change ☑ Addition ADDRESS 355 Peck Chwthen RO,
TITLE PSID DEFUNIAK SPRINGS FL 32435 TITLE VPD DELETE 1.4 CITY-ST-ZIP TITLE VPD DELETE 2.1 TITLE Agents of pentiled name of registered agent and latter if equilicable (NOTE Registered Agent Agent and latter if equilicable (NOTE Registered Agent Agent and latter if equilicable (NOTE Registered Agent Age	ant signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change M Addition ADDRESS 355 Pack Churthon (20,
Agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typed or pented name of registered agent and little if applicable (NOTE Registered Age 12. OFFICERS AND DIRECTORS 13. TITLE PSTD DELETE 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 TITLE VPD DELETE 2.1 TITLE NAME FRIZZELL, ARTHUR	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDRESS 355 Pack Chwthen RD, T-ZIP Change Addition
agent. I am femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typod or profiled name of registered agent and little if equilicable (NOTE Registered Age 12. OFFICERS AND DIRECTORS 13. TITLE PSTD BUTTS, R. BRUCE 5TREET ADDRESS CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 TITLE VPD DELETE 2.1 TITLE NAME FRIZZELL, ARTHUR FRIZZELL, ARTHUR P.O. BOX 871 2.3 STREET	ADDRESS 355 Peck Chwthon RD, ADDRESS 580 Twin Louis Dwel
Agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typed or pented name of registered agent and little if applicable (NOTE Registered Age 12. OFFICERS AND DIRECTORS 13. TITLE PSTD DELETE 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 TITLE VPD DELETE 2.1 TITLE NAME FRIZZELL, ARTHUR	ADDRESS 355 Peck Chwthon RD, ADDRESS 580 Twin Louis Dwel
Agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typod or profiled name of registered agent and little if equilicable (NOTE Registered Age	with corporation's board of directors. I hereby accept the appointment as registered s. Interest signature required when reinstaining) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Maddition ADDRESS 355 Pack Churhon RD, II-ZIP Change Addition ADDRESS 580 Truin Louch Dunk ST-ZIP
Agent. I am femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typod or profiled name of registered agent and little if Applicable (NOTE Registered Age 12. OFFICERS AND DIRECTORS 13. TITLE PSTD BUTTS, R. BRUCE 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 TITLE VPD DELETE 2.1 TITLE NAME FRIZZELL, ARTHUR STREET ADDRESS CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE	ADDRESS 355 Peck Chwthon RD, Change Addition ADDRESS 580 Trwin Louis Dwel Change Addition Address 580 Trwin Louis Dwel Change Addition
Agent. I am femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typod or profiled name of registered agent and little if equilicable (NOTE Registered Age 12. OFFICERS AND DIRECTORS 13. TITLE PSTD BUTTS, R. BRUCE 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 TITLE VPD DELETE 2.1 TITLE NAME FRIZZELL, ARTHUR FRIZZELL, ARTHUR FRIZZELL, ARTHUR P.O. BOX 871 TITLE DEFUNIAK SPRINGS FL 32435 CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 DELETE 3.1 TITLE NAME DELETE 3.1 TITLE NAME 3.2 NAME	ADDRESS
Agent. I am femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typod or printed name of registered agent and little if spylicable (NOTE Registered Age 12. OFFICERS AND DIRECTORS 13. TITLE PSTD BUTTS, R. BRUCE 9.0. BOX 1449 1.2 NAME STREET ADDRESS CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 TITLE NAME FRIZZELL, ARTHUR P.O. BOX 871 DELETE 2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 TITLE NAME STREET ADDRESS CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 TITLE NAME STREET ADDRESS STREET 3.1 TITLE NAME 3.2 NAME STREET ADDRESS	ADDRESS
Agent. I am femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typod or printed name of registered agent and little if spylicable (NOTE Registered Age	ADDRESS SI-ZIP
Agent. I am femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typod or printed name of registered agent and little if equilicable (NOTE Registered Age	ADDRESS ST-ZIP ADDRESS SI-ZIP ADDRESS SI-ZIP Change Addition ADDRESS A
Agent. I am femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typod or printed name of registered agent and little if equilicable (NOTE Registered Age	ADDRESS SI-ZIP ADDRESS SI-ZIP ADDRESS SI-ZIP ADDRESS SI-ZIP Change Addition ADDRESS SI-ZIP Change Addition ADDRESS Change Addition Change Addition
Agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typed or pented name of registered agent and late if equilicable (NOTE Registered Age 12. OFFICERS AND DIRECTORS TITLE PSTD BUTTS, R. BRUCE STREET ADDRESS CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 L14 CITY-ST TITLE NAME FRIZZELL, ARTHUR FRIZZELL, ARTHUR P.O. BOX 871 DEFUNIAK SPRINGS FL 32435 CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 DEFUNIAK SPRINGS FL 32435 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE J TITLE A4 CITY-ST TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE J TITLE DELETE J TITLE A4 CITY-ST TITLE DELETE J TITLE A5 TITLE DELETE J DELETE 5 TITLE DELETE 5 TITLE DELETE 5 TITLE	ADDRESS ST-ZIP ADDRESS SI-ZIP ADDRESS SI-ZIP Change Addition ADDRESS A
Agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typed or pented name of registered agent and late if equilicable (NOTE Registered Age 12. OFFICERS AND DIRECTORS TITLE PSTD DELETE 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 TITLE NAME FRIZZELL, ARTHUR FRIZZELL, ARTHUR FRIZZELL, ARTHUR P.O. BOX 871 DEFUNIAK SPRINGS FL 32435 TITLE NAME STREET ADDRESS CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE NAME	ADDRESS ST-ZIP Change Addition ADDRESS ST-ZIP Change Change Addition ADDRESS Change Change Addition ADDRESS Change Addition Change Addition Change Addition
Agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typod or pented name of registered agent and late if equilicable (NOTE Registered Age 12. OFFICERS AND DIRECTORS 13. TITLE PSTD DELETE 1.1 TITLE NAME BUTTS, R. BRUCE P.O. BOX 1449 1.3 STREET CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 TITLE VPD DELETE 2.1 TITLE NAME FRIZZELL, ARTHUR P.O. BOX 871 DEFUNIAK SPRINGS FL 32435 TITLE NAME STREET ADDRESS CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE A 2. NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE A 2. NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE A 2. NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS	ADDRESS ST-ZIP ADDRESS ST-ZIP Change Change Addition ADDRESS ADDR
Agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typed or pented name of registered agent and late if applicable (NOTE Registered Agent 2) TITLE	ADDRESS ST-ZIP ADDRESS ST-ZIP Change Change Addition ADDRESS ADDR

14. I hereby certify that the indicated on this annual officer or director of the Block 12 or Block 3 if nation 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 it of supplemental annual of ort is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ore in or the receiver of fistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS 6.4 CITY+ST-ZIP

FILED

Jan 29 1998 8:00am

Secretary of State