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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mg(点度学为 Secretary of State

DIVISION OF CORPORATIONS

## ANNUAL REPORT 1998

STREET ADDRESS

DOCUI	MENT #	# P97000	074208 (4	<b>1</b> )						
		& SON, INC.					1 48811881 148 18111 18811 88111 88111 88111 88111 188111 188111 188111 188111 188111 188111 188111 188111 1881	<b>115 (0 115</b>	(1) <b>20</b> 16	ir 1811 1884
Principal Place of Business Mailing Address								81818 119	/II <b>4914</b>	# 1017 1001
14814 NORTH SR. 121 14814 NORTH SR. 121										
GAINESVILLE	GAINESVILLE FL 326	INESVILLE FL 32653-7600			DO NOT WOITE IN YOUR	D405				
							DO NOT WRITE IN THIS S	PACE		<del></del>
							3. Date Incorporated or Qualified 06/25/1997			
2. Principal P	lace of Busines	3S	2a. Mailing Address				4. FEI Number	工	Apı	plied For
21			26				593471138		_	t Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			dditional
22			27							quired
City & State			City & State				S. Election Campaign Financing     Trust Fund Contribution			May Be o Fees
Zip		Country	Z <sub>ID</sub>	Coun	itry		This corporation owes or has paid the curr			
24	25	¬ ´	29	30				l Yes		No
		nd Address of Current			_		10. Name and Address of New Registered A	gent		
STI	RICKLAND, T	HOMAS J		1	B1	Name				
	B14 NORTH S			1	82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
GA	INESVILLE FL	32653-7600			_	Ollool Addio	555 (1.0. Box (4dillibor to 14ot Proceptable)			
				[4	<b>3</b> 3					
				1	34	City		85	Zip C	ode
_							<u>FL</u>			
11. Pursuant t	to the provision	ns of Sections 607.0502	and 607.1508, Florida Sta	atutes, the above	ove hv	-named corporation	oration submits this statement for the purpose of on's board of directors. I bereby accept the appropriate the purpose of the	changir	ng its	registered
agent. I a	ım familiar with,	and accept the obligate	ons of, Section 607.0505	, Florida Stalu	tes.		on's board of directors. I hereby accept the appo		· ao ,	ogistored
SIGNATURE		<del></del>				<del> </del>				
12.	Signature, typed or	printed name of registered agent OFFICERS AND		(NOTE: Registered a	Ager	it signature require	ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TOR	S IN 12
TITLE	Б	OITIGENS AND	DELETE	1,1 TiTL	F			Char		Addition
NAME	_	ND, THOMAS J		1.2 NAM						
STREET ADDRESS		RTH SR. 121				ADDRESS				
CITY-ST-ZIP		LE FL 32653-7700		1.4 CITY		ì				
TITLE	D		DELETE	21 TITL				Char	nge	Addition
NAME	STRICKLA	ND, MICHAEL J		2.2 NAN	1E		e de la companya de			,
STREET ADDRESS	15154 NO	rth Sr. 121		2.3 STRI	EET A	ADDRESS				
CITY-ST-ZIP	GAINESVIL	LE FL 32653-7600		2. 4 CIT	Y-\$1	1-ZIP				
TITLE	_		☐ DELETE	3.1 TITL	E			Chan	nge	Addition
NAME				3.2 NAM	Œ					
STREET ADDRESS				33 STR	EET A	ADDRESS				į
CITY-ST-ZIP				3.4. CIT		I-ZIP		٦		T-1
TITLE			☐ DELETE	4.1 TITL			<b>!</b>	Chan	ige	Addition
NAME				4. 2 NAM		]				
STREET ADDRESS						ADDRESS [				
CITY-ST-ZIP			DELETE	4.4 CITY		- ZIP		Char		Addition
TITLE				5.1 TITE				Chan	iye	Addition
NAME OTOTET ADODGES				5.2 NAM		, poerce				
STREET ADDRESS						ADDRESS				1
CITY-ST-ZIP TITLE			DELETE	5.4 CITY 6.1 TITU		- 211		Chan	nae	☐ Addition
NAME				6.2 NAM			•		•	

6.4 CITY-ST-ZIP 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 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 lasted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or or an attachment with myaddress.

6.3 STREET ADDRESS

Mar 05 1998 8:00am

Secretary of State