## 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 #
1. Corporation Name P97000077420 (2)

**FILED** 

Mar 31 1998 8:00am

Secretary of State

BLACK	CREEK INVESTMENTS, IN	<b>.</b>				
Principal Place	e of Business	Mailing Address			1 100/(00) (13 19))) 130() 00()) 00()) 00()) 00()) (00)) 100	II <b>u iu iu</b> 11711 u 717 i 1801
CRUM RD		CRUM RD				
RT 3, BOX 708 RT 3, BOX 708						
TALLAHASSEE FL 32308 TALLAHASSEE FL 32308			16		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 09/08/1997	
2. Principal P	ace of Business	2a. Mailing Address	77.00	,	4. FEI Number	Applied For
			or 708		59-3471905	Not Applicable
Suite, Apt. #, etc.				5. Certificate of Status Desired	8.75 Additional	
22 27 City & State . City & State .				_		Fee Required
City & State	28 TALLALASSE				5.00 May Be ' Added to Fees	
23 7/26	Country	Zip	Coun	trv	This corporation owes or has paid the current.	
24 3230	8 JELON	29 32308	30 /6	ON	Personal Property Tax due June 30.	· 1—/·
24 3/~ •	9. Name and Address of Current		30/210		10. Name and Address of New Registered Ager	
POGGE, STEPHEN G 81 Name Tol 2 G Posser						
CRUM RD				رجيا	Jephen G. Posse	
				Street Add	tress (P.O. Box Number is Not Acceptable)	
RT 3, BOX 708 Tallahassee FL 32308			- E	13	3 POX 708	
17	ILLANASSEE FL 32300		_			
	1		8	City	(Coloresee FL  80	Zip Code
11 Pureuent	to the provisions of Sectors 607 050	and 607 1508 Florida Statu	ites the abo	ove-named cor	rooration submits this statement for the purpose of cha	nging its registered
11. Pursuant to the profisions of Sportors 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am facultation with, and accept the obligations of, Section 607.0505, Florida Statutes.						
agent. I am familiar with, and account to obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature Appeal or pathles named a registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12
TITLE	D	DELETE	1.1 TITL	E		Change Addition
NAME	POGGE, STEPHEN G		1.2 NAM	16		
STREET ADDRESS	RT 3, BOX 708		1.3 STR	EET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		1.4 CITY	'-ST-ZIP		
TITLE	D	☐ DELE <b>TE</b>	2.1 TITL			Change Addition
NAME	KELLOGG, TIM		2.2 NAM	(E		
STREET ADDRESS	9601 MICCOSUKEE RD		2.3 STR	EET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		2. 4 CIT	Y-ST-ZIP		
TITLE		☐ DELETE	3.1 TiTL			Change Addition
NAME			3.2 NAN	<u>4E</u>		i
STREET ADDRESS			3.3 STR	EET ADDRESS		
CITY - ST - ZIP			3.4. CIT	Y-ST-ZIP		
TITLE		DELETE	4.1 TITL	E		Change Addition
NAME			4. 2 NA	ME		]
STREET ADDRESS			4.3 STR	EET ADDRESS		Ì
CITY+ST-ZIP			4.4 CITY	- ST - ZIP		
TITLE		☐ DELETE	5.1 TITL	E		Change Addition
NAME			5.2 NAN	1E		1
STREET ADDRESS			5.3 STR	EET ADDRESS		
CITY-ST-ZIP			5.4 CITY	-ST-ZIP		
TITLE		DELETE	6.1 TITL	E		Change
NAME			6.2 NAA	1E		1
STREET ADDRESS			6.3 STR	EET ADDRESS		ļ
CITY-ST-ZIP			6.4 CiTY	/-ST-ZIP		
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14. I hereby certify that the information supplied with this indicated on this annual report or supplemental annual officer or director of the corporation or the receiver of Block 12 or Block 13 if changed, or on an attack right. Mis filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and it is used accurate and that my signature shall have the same legal effect as if made under oath; that I am an an appropriate proposed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

980-0638