

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **P97000090392 (6)**
1. Corporation Name
PAHE-OKEE, INC.

Principal Place of Business ATTN: MICHAEL BOND 3415 SW 24TH STREET, APT. 15 GAINESVILLE FL 32607	Mailing Address ATTN: MICHAEL BOND 3415 SW 24TH STREET, APT. 15 GAINESVILLE FL 32607
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/21/1997	
		4. FEI Number 59-3486567		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**BOND, MICHAEL
3415 S.W. 24TH STREET APT. 15
GAINESVILLE FL 32607**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.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-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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P/D Michael Bond
STREET ADDRESS		1.3 STREET ADDRESS	3415 SW 24th Street Apt 15
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Gainseville, FL 32607
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	V/D Jerry Bond
STREET ADDRESS		2.3 STREET ADDRESS	5 25th Street
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Tulsa, OK 74114
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	V/D Will McClatchey
STREET ADDRESS		3.3 STREET ADDRESS	University of Hawaii, Dept. of Botany
CITY - ST - ZIP		3.4 CITY - ST - ZIP	3190 Maile Way
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Honolulu, HI 96822-2279
STREET ADDRESS		4.3 STREET ADDRESS	Trish Flaster
CITY - ST - ZIP		4.4 CITY - ST - ZIP	1180 Crestmoor Dr. X
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	T/V/D Travis J. Godley
STREET ADDRESS		5.3 STREET ADDRESS	1408 B Miamisburg-Centerville Rd.
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Dayton, OH 45459
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 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.

SIGNATURE:

Travis J. Godley

4/21/98 (937) 438-9589

CR2E034 (10/97)