## 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 #** DOZOGOGO (O)

**FILED** Apr 28 1998 8:00am Secretary of State

	ALLEN BUCK, ESQ., P.A.	0094000 (9)			
Principal Plac	e of Business	Mailing Address		4.4.11.1	T HARRICAN THE UNIT HOUSE HORIZON OR HER REAL BRICE GREEN STILL OF THE CLICK OF THE CONTROL SERVED OF THE VARIA
13127 SPRING HILL		13127 SPRING HILL			
SPRING HILL FL 34809		SPRING HILL FL 34809			DO MOT INDITE IN THE ODA OF
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 11/03/1997
2. Principal P	lece of Business	2a. Mailing Address			4. FEI Number
21		26			59-3423940   Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			SR 75 Additional
22		27			Certificate of Status Desired     Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	Name and Address of Curre  OK DARD 4	ni Hegistered Agent		81 Name	10. Name and Address of New Registered Agent
BUCK, DAVID A				14dinis	
	127 SPRING HILL DRIVE		[4	82 Street Add	dress (P.O. Box Number is Not Acceptable)
SPRING HILL FL 34609			-	83	
					# # A
				B4 City	FL 85 Zip Code
	to the provisions of Sections 607.05 egistered agent, or both, in the Stale or familiar with, and accept the oblig DAVID ALLEN BUCK, E. Stommer, typed or printed name of registered ag				rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
12.		ND DIRECTORS	13.	Agont aightatore redu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 1111	.E	☐ Change ☐ Addition
NAME	BUCK, DAVID A		1 2 NAM	AE	
STREET ADDRESS	13127 SPRING HILL		1.3 STR	EET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609		1.4 CITY	Y-ST-ZIP	<del>"</del>
TITLE		☐ DELETE	2.1 TiTL	.E	Change Addition
NAME			2.2 NAN	Æ	
STREET ADDRESS			2.3 STR	EET ADORESS	· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP			2. 4 CIT	Y-ST-ZIP	,
TITLE		DELETE	3.1 TITL	.E	Change Addition
NAME			3.2 NAN	AE	
STREET ADDRESS			3.3 STR	EET ADDRESS	
CITY-ST-ZIP		T 55755-	_	Y-ST-ZIP	**************************************
TITLE		☐ DELETE	4.1 TITL		Change Addition
NAME			4. 2 NA		
STREET ADDRESS				EET ADDRESS	21
CITY-ST-ZIP		I DOUTE		r-ST-ZIP	
TITLE		☐ DELETE	5.1 TITL		] Change
NAME OTREET ADDRESS			5.2 NAM		
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP		DELETE		r-ST-ZIP	<b>1</b> 1 1 2 20
TITLE		☐ nereig	6.1 TITU		Change Addition
NAME CTREET ADDRESS			6.2 NAM		
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP	artifut that the information available	ith this filing does not qualify f		'-ST-ZIP	Section 119 07/3Vi) Florida Statutos I further certifu that the information

Indicated on this annual report or supplied with this thing does not quality for the exemption stated in Section 119.07(3)(j), 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.