


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

APPROVED
AND
FILED

98 JUN -5 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT #. P97000096936 1. Corporation Name ALACHUA OUTDOOR Equipment Company	

Principal Place of Business 12901 MLK BLVD	Mailing Address P.O. BOX 2006
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DO NOT WRITE IN THIS SPACE

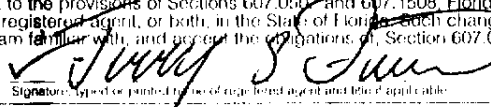
2. Principal Place of Business 21 12901 MLK BLVD Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 2006 Suite, Apt. #, etc.
City & State 23 ALACHUA FL	City & State 28 ALACHUA FL
Zip 24 32615	Country 25 VS
Zip 29 32616	Country 30 VS

3. Date Incorporated or Qualified 11-10-97	4. FEI Number 59-3478336	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 JERRY S FULFORD 19805 OLD BELLAMY RD ALACHUA, FL 32615	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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. Each 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  DATE **4/30/97**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PRESIDENT
STREET ADDRESS	JERRY S FULFORD
CITY-ST-ZIP	19805 OLD BELLAMY RD
TITLE	<input type="checkbox"/> DELETE
NAME	VICE-PRESIDENT
STREET ADDRESS	WILLIAM S COPELAND
CITY-ST-ZIP	17978 NW 190TH AVE
TITLE	<input type="checkbox"/> DELETE
NAME	SECRETARY
STREET ADDRESS	JERRY M FULFORD
CITY-ST-ZIP	19828 NW 19241 N
TITLE	<input type="checkbox"/> DELETE
NAME	TREASURER
STREET ADDRESS	AMY C FULFORD
CITY-ST-ZIP	19805 OLD BELLAMY RD
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	200002557512--5
13 STREET ADDRESS	-06/11/98--01117--013
14 CITY-ST-ZIP	***150.00 ***150.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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.

CR2E034 (10/97)