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 # P97000101705 (6)

THE H	DERSON BLVD. # etc. City & State Country Zip Zip					
Principal Plac	e of Business	Mailing Address				
			SLVD.	ID.		DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						
27						5. Certificate of Status Desired
Zip	Country					
24	—¬ ′	 	— ·			
241			[30]	·		
				81	Name	10.
				R2	Street Ad	ddraes (P.O. Boy Mumber is Not Acceptable)
TAMPA FL 33629-5611					- Olibbi Ad	duless (1.5. Dox Northod is Not Acceptable)
				63		
				84	City	FL 85 Zip Code
office or r agent. I a SIGNATURE	Signature, typed or printed name of registered agor	t and tille il applicable (NO	TE: Registered	_		orporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered appointment as registered populated when reinstating). OATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE				13. 1.1 TULE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	HARDIN, HENRY C III			1.2 NAME		
STREET ADDRESS	4224 W. HENDERSON BLVD.		1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629-5611		1.4 CITY - ST -			
TITLE	D	DELETE	2.1 717			☐ Change ☐ Addition
NAME	HARDIN, JOHN		2.2 NA	2.2 NAME		
STREET ADDRESS	4224 W. HENDERSON BLVD.		2.3 ST	REET	ADDRESS	
CITY+ST-ZIP	TAMPA FL 33629-5611		2.4 C	ITY-S	T - ZIP	
TITLE	D	☐ DELETE	3.1 TII		ļ	Change Additi
NAME	HARDIN, JACOB		3.2 NA			
STREET ADDRESS	4224 W. HENDERSON BLVD.				ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629-5611	DELETE	3.4. CI		T-ZIP	D Character Date
TITLE			4.1 TITLE			Change Addiții
NAME CTREET ADDRESS			4. 2 N/		ADDOCCS	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY- 5.1 TITLE		1-218	☐ Change ☐ Addition
NAME	1		1	5.2 NAME		_ samigo _ result
STREET ADDRESS			l		ADDRESS	
CITY-ST-ZIP			5.4 CI			
TITLE		☐ DEL€TE	6.1 TII			Change Addition
NAME		_	6.2 NA		1	_ · · · · ·
STREET ADDRESS	1		6.3 \$7	REET A	ADDRESS	

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 exploration 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 an arrate appear of 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 an arrate appear of 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 an arrate appear of 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 an arrate appear of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

FILED

Apr 17 1998 8:00am

Secretary of State