SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000102809 (5)

FILED Jul 23 1998 8:00am Secretary of State

SMU, IN	NC.			LABORAL NA ARMA RAMA RAMA RAMA RAMA RAMA RAMA R
Principal Plan	ce of Business	Mailing Address	·· • · · · · · · · · · · · · · · · · ·	
ROUTE 1 BOX 1425 ROUTE 1 BOX 1425				
ANTHONY FL 32617 ANTHONY FL 32617				
				DO NOT WRITE IN THIS SPACE
ľ				3. Date Incorporated or Qualified
ļ				12/03/1997
	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21 460	I NE 112 LN		112 651	59-349/4/6 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
City & State		City & State		Fee Required
- · · · · · · · · · · · · · · · · · · ·		L	F/	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	28 Anthony	Country	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Interpolated
24 3 2/- /	, _ `	29 32617	30 MARION	Personal Property Tax due June 30. Yes No
24 326/7 25 MARION 29 336/7 30 MARION 9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
PEEK, DAVID H 81 Name				
1301 RIVERPLACE BOULEVARD 82 Street				ess (P.O. Box Number is Not Acceptable)
SUITE 1609			OZ SIIBBI AUUIE	ass (F.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32207			83	
			84 City	
			64 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. 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				
45	Signature, typed or printed name of registered agent		E Registered Agent signature requi	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	PAULEY, GARY W	☐ DELETE	1.1 TITLE	Change Addition
STREET ADDRESS	ROUTE 1 BOX 1425		1.2 NAME	in ley, GARY W.
CITY-ST-ZIP	ANTHONY FL 32617		1.3 STREET ADDRESS	001, 1V & 112 Lane
TITLE	744(10)11 12 02017	DELETE	1.4 CITY-ST-ZIP	Aujey, GARY W. 1001 IVE 112 Lane 14hony F1 32617
NAME ·		L. DELETE	2.2 NAME	Change
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	
NAME		L_J DECETE	3.2 NAME	L Change L Addition
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	Change L Addition
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	6.4 CITY-ST-ZIP	
14. I hereby ce	rtify that the information supplied with the	is filing does not qualify for the	exemption stated in section	on 119 07/3)(i) Florida Statutes I further certifu that the Information

Indicated on this annual report or supplemental annual report is true and accurate and that my signature shalf 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.