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 # 1. Corporation Name

P97000106088 (2)

M. B. FORD, INC.

Principal Place of Business

Mailing Address

1243 MARKHAM AVE

1243 MARKHAM AVE

FILED Mar 30 1998 8:00am Secretary of State



SPRING HILL FL 34606		SPRING HILL FL 34606		DO NOT WRITE	IN THIS SDACE		
					3. Date Incorporated or Qualified	IN THIS BEACE	
					12/17/1997		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For
21 12 43 MARKHAM Ave 26 P.O. Dr Suite, Apt. #, etc. Suite, Apt. #, 6			Wer 3459		65-0805215	———	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	Additional
22		27			S. Certificate of Status Desired	Fee Re	equired
City & State	9 1/11 7/	City & State	41		6. Election Campaign Financing	\$5.00	
23 <i>3pp</i> ,;	Country	28 SPRING Hill	Country		Trust Fund Contribution	Added	
24 3460		29 3461	— <i>1</i> .	1	This corporation owes or has pai Personal Property Tax due June		tangible
24 0 100	g, Name and Address of Current		30 74/1	vando	10. Name and Address of New Reg		1100
91 None							
1243 MARKHAM AVE.					AME		
SPRING HILL FL 34606				Sileet Addi	ess (P.O. Box Number is Not Acceptable	e)	1
			83				
			84	City		leel 7:-	
			H	,			Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607, 1508, Florida Statute	s, the above	named corp	poretion submits this statement for the puints board of directors. I hereby accept	rpose of changing it	s registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flor	rida Statutes.	L'A COMOTAL	pins oberd of directors. I hereby accept	the appointment as	registered
SIGNATURE	mode O. For			ND	M	3-257	1
44	Signature, typed or printed name of registered agent		Registered Agel	gnature requir		DATE	
12. TITLE	OFFICERS AND I	DIRECTORS DELETE	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICE		
NAME	FORD, MONTE B		1.1 TITLE			Change	☐ Addition
STREET ADDRESS	1243 MARKHAM AVE.		1.2 NAME	*****			
CITY-ST-ZIP	SPRING HILL FL 34606		1.3 STREET A				
TITLE	\$TD	DELETE	1.4 CITY - ST- 2.1 TITLE	- 217		Change	Addition
NAME	FORD, EMMA J		2.2 NAME			(Onlings	
STREET ADDRESS	1243 MARKHAM AVE.		2.3 STREET A	DORESS			
CITY-ST-ZIP	SPRING HILL FL 34606		2.4 CITY-ST				
TITLE		DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET A	DDRESS			
CITY-ST-ZIP			3.4. CITY - ST	- 21P			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	■ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET A	DDRESS			
CITY-ST-ZIP			4.4 CITY-ST-	ZIP			
TITLE		□ DEL€TE	5.1 TITLE		•	☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET A	DDRESS			
CITY-ST-ZIP		DELETE	5.4 CiTY-ST-	ZIP			1 4 4 197
TITLE		☐ DELETE	6.1 TITLE	ŀ		☐ Change	☐ Addition
NAME CIPIET ADODGES			6.2 NAME				1
STREET ADDRESS			6.3 STREET AL				j
14. hereby c	ertify that the information supplied with	this filing does not qualify for	6.4 CiTY-ST-	on stated in 5	Section 119.07(3)(i), Florida Statutes. I fu	other partitus that the	information
officer or o	on this annual report of supplemental a	nnual report is true and accui er or trustee empowor ed t o ex	rate and that	mv signatur	e shall have the same legal effect as if resided by Chapter 607, Florida Statutes; a	nade under nath: tha	tlaman I