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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97090106906 (5)

SNEADS INDUSTRIAL PARK, INC.

FILED May 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2870 MADISON STREET 2870 MADISON STREET MARIANNA FL 32448 MARIANNA FL 32448 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/19/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Ζiρ Country Ζip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TRAMMELL, ROBERT D 81 2870 MADISON STREET 82 Street Address (P.O. Box Number is Not Acceptable) MARIANNA FL 32448 83 84 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typed or ponted name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) (10/97)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **PVST** DELETE DRESIDENT Change TITLE 1.1 TITLE TRAMMELL, ROBERT D 1.2 NAME NAME 2870 MADISON STREET STREET ADDRESS 1.3 STREET ADDRESS MARIANNA FL 32448 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE TRAMMELL, ROBERT D NAME 2.2 NAME 2870 MADISON STREET 2.3 STREET ADDRESS STREET ADDRESS MARIANNA FL 32448 CITY-ST-ZIP 2.4 DITY-ST-ZIP DELETE Addition 3.1 TITLE ROV NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP 6000025244**88****** -05/15/98--01005--004 4 DELETE TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS ***150.00 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 eath; that I am an efficier or director of the corporation 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

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