PROFIT CORPORATION ANNUAL REPORT



Mailing Address

PALATKA FL 32177-9664

2a. Malling Address

City & State

Suite, Apt. #, etc.

26

29

RR #2 BOX 6140

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

RR #2 BOX 6140

21

22

23

24

Zip

PALATKA FL 32177-9664

1999

Country

9. Name and Address of Current Registered Agent

25

WILLIAMS, WALLACE M

RR #2 BOX 6140 PALATKA FL 32177-9664

DOCUMENT # P98000101622 PRO AM OF PALATKA INC

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90237 029 ***150.00

DO NOT WRITE IN THIS SPACE							
3. Date Incorporated or Qualifed 12/02/1998	•						
4. EFLNumber 57-35327/2	7	Applied For					
57-353211	2	Not Applicable					
5. Certificate of Status Desired	⊢ \$8.	\$8.75 Additional Fee Required					
Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees					
This corporation owes the current Personal Property Tax.	t year Intangible	□ No =>==					
10. Name and Address of New Registered Agent							

Street Address (P.O. Box Number is Not Acceptable)

Zip Code 84 City 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.

83

Country

IGNATURE	Signature, typed or printed name of registered agent and (de if applicable. (NOTE: Re	gistered Agent signature requi	red when reinstating)		DATE		
2.	OFFICERS AND DIRECTORS	13.		CHANGES TO OF	FICERS AND DIREC	TORS	IN 12
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	RRV BOX 6140	1.3 STREET ADDRESS					
REET ADORESS							
Y-ST-ZIP	PALATKA FI 32177	1.4 CiTY-ST-ZIP			Chan	ae [Addition
Œ	Sec. DELETE KAREN WILLIAMS	2.1 TITLE				•	
ME	KAREN WILLIAMS	2.2 NAME		• • •			•
REET ADORESS	PALAKKU Fl 32177	2.3 STREET ADDRESS					
TY-ST-ZIP	PHLAKKU FI 32177	2.4 CITY-ST-ZIP				F	Addition
LE	DELETE	3.1 TITLE			Chan	ye ι	
ME		3.2 NAME					
REET ADDRESS		3.3 STREET ADDRESS					
TY-ST-ZIP		3.4. CITY-ST-ZIP					<u></u>
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		4.4 CITY-ST-ZIP					
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WE		5.2 NAME					
	•	5.3 STREET ADDRESS					
REET ADORESS		5.4 CITY - ST - ZIP					
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WE							
REET ADDRESS	}	8.3 STREET ADDRESS					
TY-\$1-25P		6.4 CITY-ST-ZIP			I further contifu that th		

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 1 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 ampowered 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, with all other like empowered.

USIGNAL DESCRIPTION WALLE MALE OF SIGNING OFFICER OR DIRECTOR

UNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayton Phone 9

Dayton Phone 9