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 # SO3

(8)

FILED Apr 30 1998 8:00am Secretary of State

D/(\)						
Principal Place of Business		Mailing Address			. 10001010 111 03160 11110 10110 01101 0101 0	
4456 HUNTIN			l			
US	32316	US			DO NOT WRITE IN THIS SPACE	
		•			3. Date Incorporated or Qualified 09/28/1990	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			59-3045862 Not Applicab	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22					Fee Required	
City & State						
			Country			
24	├ ──┐		\vdash	.,		
					10. Name and Address of New Registered Agent	
TH	OMSON, JEAN M.	· · · · · · · · · · · · · · · · · · ·	8	1 Name		
4456 HUNTINGTON CIR		-	2 Street Add	drace /P.O. Boy Number is Not Acceptable)		
NICEVILLE FL 32578			-	Silber Add	cross (1.0. box Number is not Acceptable)	
	•		8	3		
			8	4 City	85 Zip Code	
11. Pursuant	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. SINATURE Signature, typed or printed name of registered agent and often 4 agraticable (NOTE: Registered Agent signature required when rehatiting) DATE					
office or r	egistered agent, or both, in the State	Ass HUNTINGTON CIR NICEVILLE FI, 2578 US 3. Date incorporated or Qualified 09/28/1990 3. Date incorporated or Qualified 09/28/1990 4. FEI Number 59-3045862 Not Applied For Not Applied For Not Applied For Not Applied For Suite, Apt. #, etc. 27 City & State 28 City & State 29 Country 29 20 Country 30 Country 40 Country 59 Country 59 Country 60 Country 70 Country 70 Country 70 Country 81 Trust Fund Contribution Added to Fees Added to Fees Trust Fund Contribution Added to Fees Added to Fees Added to Fees Personal Property Tax due June 30 EVENT Address of Current Registered Agent N, JEAN M. NTINGTON CIR EFI 32578 81 Name NTINGTON CIR 82 Sireet Address of P.O. Box Number is Not Acceptable) FL 85 EVENT AND COUNTRIST TO SUIT OF THE PROPRIES Statutos 83 Sireet Address of Officers Suit of Provision of Sociolos 607 0502 Fibreds Statutos 84 City FL 85 EVENT AND DIRECTORS IN 12 OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS IN 12 1.1 TITLE OMSON, JEAN M. SE HUNTINGTON CIRCLE 22 SIREET ADDRESS EVENTLE FL 1.1 CITY 57-7P OMSON, ROBERT W SE HUNTINGTON CIRCLE 22 SIREET ADDRESS EVENTLE FL 1.2 SIREET ADDRESS EVENTLE FL 1.3 SIREET ADDRESS EVENTLE FL 1.4 CITY 57-7P OMSON, ROBERT W SE HUNTINGTON CIRCLE 2.2 NAME 2.2 SIREET ADDRESS EVENTLE FL 1.3 SIREET ADDRESS EVENTLE FL 1.4 CITY 57-7P OMSON, ROBERT W SE HUNTINGTON CIRCLE 2.3 SIREET ADDRESS EVENTLE FL 1.4 CITY 57-7P OMSON, ROBERT W SE HUNTINGTON CIRCLE 2.3 SIREET ADDRESS EVENTLE FL 1.4 CITY 57-7P VS. JOHN T 2.2 NAME 2.3 SIREET ADDRESS EVENTLE FL 1.4 CITY 57-7P VS. JOHN T 2.2 NAME 2.3 SIREET ADDRESS EVENTLE FL 1.4 CITY 57-7P VS. JOHN T 2.4 CITY 57-7P VS. JOHN T 2.5 NAME 3.5 SIREET ADDRESS EVENTLE FL 1.4 CITY 57-7P VS. JOHN T 2.5 NAME 3.5 SIREET ADDRESS				
SIGNATURE	Signature, typed or printed name of registered ager	it and title 4 applicable (NC	Olf: Registered A	gent signature requ	uirod when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE		Change Addition	
NAME			1.2 NAM			
STREET ADDRESS			1.3 STRE	et address		
CITY-ST-ZIP						
TITLE	DVPT THOUSON DOREDT W	☐ DELETE		i	Change Addition	
NAME						
STREET ADDRESS				1		
CITY-ST-ZIP TITLE	DS	T DELETE			Change Addition	
NAME	DAVIS, JOHN T	C) ottell			Orienge Additio	
STREET ADDRESS	3 CEDAR RIDGE			1		
CITY-ST-ZIP	NICEVILLE FL					
TITLE		DELETE			Change Additio	
NAME			4. 2 NAM	E		
STREET ADDRESS			43 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Additio	
NAME			5.2 NAMI			
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	ST-ZIP		
TITLE		☐ DEL e te	6.1 TITLE		Change Addition	
NAME			6.2 NAM	:		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP	partify that the information number of will	b this filing does not musike	6.4 CITY		n Section 119 07(3)(i) Florida Statutas I further certify that the information	

receive using man me information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual reportly or suppliemental 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 popphation 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 chapter 607, and attachment with an address.