

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S07196 (6)
1. Corporation Name
FBMA SERVICES CORPORATION

Principal Place of Business Mailing Address
1303 LIMIT AVE. 1303 LIMIT AVE.
P.O. BOX 65 P.O. BOX 65
MT. DORA FL 32757-0065 MT. DORA FL 32757-0065

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/16/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Country		59-3039418	
24		25		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CARSON, WILLIAM B.
1301 LIMIT AVE
MONT DORA FL 32757

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD	<input type="checkbox"/> DELETE		1.1 TITLE	PRES. D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIETRICH, ED			1.2 NAME			
STREET ADDRESS	77 SE 2ND AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL			1.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	VP D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUNN, SAM			2.2 NAME			
STREET ADDRESS	415 ORANGE AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL			2.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NICHOLSON, CHARLES			3.2 NAME			
STREET ADDRESS	225 E OAK ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	WAUCHULA FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TREAS. D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SMYTH, DONALD J. SR.			4.2 NAME	GOOLSBY, RICK		
STREET ADDRESS	6363 EDGEWATER DRIVE			4.3 STREET ADDRESS	11655 S.E. HWY 441		
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-ST-ZIP	BELLEVUE FL. 34420		
TITLE	PPD	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CLARK, YANDLE			5.2 NAME	NOTTINGHAM, JUDGE		
STREET ADDRESS	834 N. MAGNOLIA AVE.			5.3 STREET ADDRESS	575 PHELPS ST.		
CITY-ST-ZIP	OCALA FL			5.4 CITY-ST-ZIP	JACKSONVILLE FL. 32206		
TITLE	S	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARSON, WILLIAM B.			6.2 NAME			
STREET ADDRESS	1303 LIMIT AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	MT DORA FL			6.4 CITY-ST-ZIP			

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. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (10/97)