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

PROFIT CORPORATION **ANNUAL REPORT** 1998

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

[MENT # S0854 INVESTMENTS, INC.	47 (9)				
Principal Plac	Maiting Address			!		
3530 S.W. 7TH STREET OCALA FL 34474 US		3530 S.W. 7TH STREET OCALA FL 34474 US	3530 S.W. 7TH STREET OCALA FL 34474		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address			10/23/1990 4. FEI Number	Applied For
21		26			59-3047062	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	 		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	⊢ '		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	L Cou	ntry	8. This corporation owes or has paid the cu	
24	25 29 30		[30]	<u> </u>	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent				81 Name	10. Name and Address of New Registered	ждени
BLANCHARD, DOCK A ESQ 4 S.E. BROADWAY						
OCALA FL 34471				82 Street A	ddress (P.O. Box Number is Not Acceptable)	
				83	····	
				84 City	FL	85 Zip Code
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 little Hypplicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.		AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLÉ NAME	PVST Carter, David J Sr	L DECENE	1.1 TIT 1.2 NA			Change Addition
STREET ADDRESS	3530 SW 7TH ST			reet address		
CITY-ST-ZIP	OCALA FL 33474			TY-ST-ZIP		
TITLE	D	☐ DELETE	21 Til			☐ Change ☐ Addition
NAME	CARTER, DAVID J SR		22 NA	IME		
STREET ADDRESS	3530 SW 7TH ST		2.3 ST	reet address		
C(TY-\$T-2IP	OCALA FL 33474		2.4 CI	TY-ST-ZIP		
TITLE	-		3 1 7,17			Change Addition
NAME			3.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·		3.4. CI 4.1 TIT	TY-ST-ZIP		Change Addition
NAME		المام المام	4.2 N/			conings resulter
STREET ADDRESS				REET ADDRESS		ĺ
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	5.1 TIT			☐ Change ☐ Addition
NAME			5.2 NA	ME		į

CITY-ST-ZIP 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 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 of 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 for on an attaching the same legal effect as if made under oath; that I am an officer or director of the corporation o

5.4 CITY - ST - 2IP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

Addition

FILED

Feb 19 1998 8:00am

Secretary of State