

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

FILED
Jun 30 1998 8:00am
Secretary of State

DOCUMENT # S65531 (3)
1. Corporation Name
ENNEKING EAST, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 444
MELROSE FL 32666

C/O BLAKE PARSLEY
1309 BRANDONWOOD DR
BRANDON FL 33510
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 % MARK SCARBOROUGH

27 2504 NW 24TH TERRACE

28 GAINESVILLE, FLA

29 32605 30 FLA

3. Date Incorporated or Qualified

07/11/1991

4. FEI Number

65-0345074

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

PARSLEY, BLAKE M
1309 BRANDONWOOD DR
BRANDON FL 33510

10. Name and Address of New Registered Agent

81 Name BOVAY, JOHN C

82 Street Address (P.O. Box Number is Not Acceptable)
633 NW 8th AVENUE

83

84 City GAINESVILLE

FL

85 Zip Code 32601

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/6/98

12. OFFICERS AND DIRECTORS

TITLE D
NAME ENNEKING, WILLIAM F.
STREET ADDRESS POST OFFICE BOX 444 (N/A)*
CITY-ST-ZIP MELROSE FL

TITLE P
NAME ENNEKING, WILLIAM F.
STREET ADDRESS P.O. BOX 257 (N/A)*
CITY-ST-ZIP TERRA CIA FL

TITLE S
NAME IVEY, OLIVIA E.
STREET ADDRESS 4001 NW 20TH TERRACE
CITY-ST-ZIP GAINESVILLE FL

TITLE T
NAME PARSLEY, M. BLAKE
STREET ADDRESS 1309 BRANDONWOOD DR
CITY-ST-ZIP BRANDON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE T
4.2 NAME SCARBOROUGH, MARK
4.3 STREET ADDRESS 2504 NW 24TH TERRACE
4.4 CITY-ST-ZIP Gainesville, Fla 32605

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

CR2E034 (10/97)