## 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** 

Feb 19 1998 8:00am

Secretary of State

	MENT # <b>S8082</b> INVESTORS, INC.	1 (9)							
Principal Place of Business Mailing Address						4 IRBUTANTA TAN LANU DANAH DIBAH HIDI BIRTI BIRTI BIRTI BIR	II OIDII DTOH B	IEII OHAN (OA)	
505 LANCASTER ST #1A 505 LANCASTER ST #1A						!			
JACKSONVILI	LE FL 32204	JACKSONVILLE FL 322	104			DO NOT WOITE IN THIS	CDACE		
						DO NOT WRITE IN THIS  3. Date incorporated or Qualified	SPACE		_1
						09/17/1991			
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number	1 1	pplied For	┨
21		26				59-3084220		ot Applicable	<u>.</u>
Suite, Apt.	#, <del>e</del> tc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	İ
City & State		City & State				\		Required	4
23	e	28				6. Election Campaign Financing Trust Fund Contribution		May Be	1
Zip	Country	Zip Country				Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year Intangible			
24 25		29 30		·		Personal Property Tax due June 30.  Yes No			
	g, Name and Address of Curren					10. Name and Address of New Registered			┨
WII	LLINGHAM BEN H. JR.	-	8	B1	Name	···			1
505 LANCASTER ST			1	82	Street Addr	ess (P.O. Box Number is Not Acceptable)			$\dashv$
APT 10C JACKSONVILLE FL 32204									
			•	83					1
			ε	84	City		<b>85</b> Zip	Code	┪
						<u>FL</u>	.		╛
office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State	2 and 607.1508, Florida Statu of Florida, Such change was	ules, the abo authorized	ove- by:	-named corp the corporati	oration submits this statement for the purpose con's board of directors. I hereby accept the app	ot changing pointment a	its registered s registered	1
agent I a	m familiar with, and accept the obliga	itions of, Section 607.0505, F	Florida Statu	tes.				· ·	
SIGNATURE	Signature, lyped or printed name of registered age	ni and litle if applicable (NC	)]E : Registered a	Anen	l signatura require	ed when reinstating) DATE			İ.
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	<u>ا</u> إ
TITLE	DVST DELETE MCGEHEE, THOMAS R.		1.1 TITL				Change	☐ Addition	7
NAME			1.2 NAM						
STREET ADDRESS	505 LANCASTER ST #6AB		1.3 \$TR	1.3 STREET ADDRESS		•			Ž
CITY-ST-ZIP	JACKSONVILLE FL		1.4 City-St-Zip		-ZIP				
TITLE	DP	DELETE	2.1 TITLE					Addition	(
NAME	WILLINGHAM, BEN H. JR. 505 LANCASTER ST.#1B		2.2 NAM	2.2 NAME					
STREET ADDRESS	JACKSONVILLE FL			2.3 STREET ADDRESS					l
CITY-ST-ZIP	MACKSONAILLE LF	DELETE	2. 4 CITY		- ZIP		1 (0	10000	4
TITLE				3.1 TITLE			L Change	Addition	
NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			3.2 NAME					
CITY-ST-ZIP				3.3 STREET ADDRESS 3.4. CITY-ST-ZIP					
TITLE				4.1 TITLE			☐ Change	Addition	-
NAME				4. 2 NAME					
STREET ADDRESS	.[			4.3 STREET ADDRESS					
CITY-ST-ZIP			· ·	4.4 CITY-ST-ZIP					
TITLE			5.1 TITLE				Change	Addition	1
NAME			5.2 NAM	5.2 NAME					1
STREET ADDRESS			5.3 STRE	EET A	.DDRESS				1
CITY-ST-ZIP				5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE	E			Change	☐ Addition	
			6.2 NAM		ĺ				
STREET ADDRESS			6.3 STRE	ET A	DORESS				1

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 supplied ental 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 or or man attachment with an address.