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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # VO445

(6)

FILED May 04 1998 8:00am Secretary of State

Principal Place of Business 328 MADDOX ORIVE ELLUAY GA 30540 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/03/1992 2. Principal Place of Business 2e. Mailing Address 2e. Mailing Address 3. Date Incorporated or Qualified 01/03/1992 4. FEI Number Applied For Not Address of Current Registered Agent WILLIAM STAHL 210 WHITE OAK CIRCLE MAITLAND FL 32757 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 697 0/602 and 697 1508. Florida Statutes the appointment as registered agent 1 manufactured the obligations of Section 627 0/505, Florida Statutes SIGNATURE Signature provision provision of registered agent of registered agent provision provisions of registered agent and accept the obligations of Section 627 0/505, Florida Statutes 12. Of Fic His AND DIRECTIONS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS
Substance Subs
3. Date Incorporated or Qualified 01/03/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Suite, Apt. #. etc. Suite, Apt. #, etc. Suit
2. Principal Place of Business 2. Mailing Address 4. FEI Number 59-3102721 Not Applied For Not
21
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. South Status Statu
22 27 5. Certificate of Status Desired Fee Required
City & State 28 City & State 28 City & State 28 City & State 28 Country Country Country Country Registered Agent Registered Agent Registered Agent Signature required when reinstating) City & State 8. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Registered Agent Registered Agent Signature required when reinstating) 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Registered Agent Signature required when reinstating) City & State Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No Registered Agent City & FL Registered Agent signature required when reinstating) DATE Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No Registered Agent signature required when reinstating) DATE
Signature. Lyard or pentst faces of Tegeslered agent agent with, and accept the obligations of Sections 607.0505, Florida Statutes Signature. Lyard or pentst faces of Tegeslered agent agent is registered Agent a
25 29 30 Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent WILLIAM STAHL 210 WHITE OAK CIRCLE MATILAND FL 32757 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, hyred or pented name of registered agent and title # applicable. (NOTE Begistered Agent signature required when reinstating) DATE
Street Address of New Registered Agent 10, Name and Address of New Registered Agent
WILLIAM STAHL 210 WHITE OAK CIRCLE MATHAND FL 32757 82 Street Address (P.O. Box Number is Not Acceptable) 83 R4 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 Stuch 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 punited name of registered agent and title if applicable. (NOTE Begistered Agent signature required whom reinstating) DATE
210 WHITE OAK CIRCLE MATILAND FL 32757 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 partiest name of registered agent and billed agradable. (NOTE Begistered Agent signature required when reinstating) DATE
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SIGNATURE Signature, typed or partiest name of regularised agent and table in applicable (NOTE Registered Agent signature required when reinstating) DATE
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1 12. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 12
TITLE DELETE 1.1 TITLE Change Addition
NAME STAHL, WILLIAM 1.2 NAME
STREET ADDRESS 210 WHITE OAK CIR 1.3 STREET ADDRESS
CITY-ST-ZIP MAITLAND FL 1.4 CITY-ST-ZIP
TITLE D DELETE 21 TITLE Change Addition
NAME STAHL, ABE 22 NAME STREET ADDRESS RT 1 BOX 2364 23 STREET ADDRESS
CITY-ST-ZIP ELLUAY GA 2.4 CITY-ST-ZIP
TITLE DELETE 3.1 TITLE Change Addition
NAME STAHL, WILLIAM 32 NAME
STREET ADDRESS 210 WHITE OAK CR 3.3 STREET ADDRESS
CITY-ST-ZIP MAITLAND FL 3.4 CITY-ST-ZIP
TITLE S DELETE 4.5 TITLE Change Addition NAME STAHL, ABE 4.2 NAME
NAME STAML, ABE 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP ELLUAY GA 4.4 CITY-ST-ZIP
TITLE DELETE 5.1 TITLE Change Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE 6.1 TITLE Change Addition

14. Thereby 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 with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report of supplied with the information stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report of supplied with the information stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this annual report of supplied with the information stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certificated in Section 119.07(3)(ii). Florida Statutes. I further certificated in Section 119.07(3)(ii). Florida Statutes. I further certificated in Section 119.07(3)(iii). Florida Statutes. I further certificated in Section 119.

6.3 STREET ADDRESS

NATURE.

H/2V/92

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