4.20.98 B. 5049 -C 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

Ę.			# V1713 AWN SERVICE,	` '						
Principal Place of Business Mailing Address									/	
704 OAKLAND HEIGHTS PLANT CITY FL 33565				PO BOX 3088 PLANT CITY FL 33565 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
-	Principal F	Place of Busin	000	2a. Mailing Address			02/27/1992 4. FEI Number			-lind Fan
21	1 micipai i	Spair lady of Educations			26		65-0322381		Applied For Not Applicable	
	Suite, Apt.	uite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75	
22				27	27		5. Certificate of Status Desired		Fee Re	
23	City & Stat	City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
	Zip			Zip	Zip Country		8. This corporation owes or has paid the current year Intangible			
24				29	30		Personal Property Tax due June 30. 🙀 Yes 🔲 No] No
		g, Name	and Address of Curre	ent Registered Agent		10. Name and Address of New Re	gistered Ag	ent		
JENKINS, MIKE						Name				j
704 OAKLAND HEIGHTS					82	Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
PLANT CITY FL 33565					83	 				
					*`	"				
					84	City		FL	85 Zip (Code
11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statute						le-named cor	rooration submits this statement for the n		banging it	e togistered
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 register 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										registered
SI	3NATURE	Signature, Ivoed	or printed name of registered a	oon and title if applicable (NO	TE: Registered Ad	ent signature regu	uired when reinstating)	DATE		
12.		2.8.2.2.2.131.2.2	OFFICERS AND DIRECTORS			Jenn digrision requ	ADDITIONS/CHANGES TO OFFICE		IRECTOR	S IN 12
TIT	TITLE P			DELETE	1.1 TITLE				Change	Addition
		JENKINS	, MICHAEL,		1.2 NAME					
		704 OAK	LAND HGTS.			T ADDRESS				
		PLANT C	T CITY FL 33565		1.4 CITY -	ST-ZIP			_	
TITLE V		Y		☐ DELETE	2.1 TITLE			L	Change	Addition
			LL, HEATHER		2.2 NAME					
STREET ADDRESS		704 OAKLAND GHTS				T ADDRESS				j
		PLANT C	HY FL	☐ DELETE	2. 4 CITY-ST-ZIP				T Change	Addition
TITLE S NAME JENKIN		JENKINS	TABALAV		3 1 TITLE 3.2 NAME			L	_ Change	Addition
1 =		1 =	LAND HTS			T ADDRESS				
	CITY-ST-ZIP PLANT				3.4. CITY-					
	TITLE T		71 7 7 1-	DELETE	4.1 TITLE	51-¢H			Change	Addition
		CAMPBE	LL JERRY			:			- •	
STREET ADDRESS		704 OAKLAND HHGTS			4. 2 NAME 4.3 STREET ADDRESS					
CITY-ST-ZIP		PLANT CITY FL			4.4 CITY - ST - ZIP					
TIT				DELETE	5.1 TITLE				Change	Addition
NAJ	Æ				5 2 NAME					
STREET ADDRESS		i a			5 3 STREET ADDRESS					
CITY-ST-ZIP		<u>. 1</u> 2.7.			5 4 CITY - ST - ZIP				-	
TM		βi÷		☐ DELETE	61 TITLE			Ĺ	_] Change	Addition
NA					6.2 NAME					
!	EET ADDRESS					T ADDRESS				[
CITY	Y-ST-ZIP	l			6.4 CITY -	ST-ZIP				Ì

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 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 on an attachment with an address.

SIGNATURE:

(8/3)7547-5237

FILED

Apr 20 1998 8:00am

Secretary of State