

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVAL
AND
FILED

98 JUL -1 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

007583

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V42494 (7)
 1. Corporation Name
WALDORF ENTERPRISES OF GADSDEN COUNTY, INC.

Principal Place of Business 2195 W TENNESSEE ST TALLAHASSEE FL 32304	Mailing Address 2195 W TENNESSEE ST TALLAHASSEE FL 32304
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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3. Date Incorporated or Qualified 06/08/1992	4. FEI Number 59-3133329	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
MCQUAY, DAVID JR.
 110 N LINCOLN AVE
 TAMPA FL 33609

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 2195 W. Penn St Tall
 83
 84 City Tallahassee FL 85 Zip Code 32304

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 *David McQuay* DATE 7-1-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHEFFIELD, REIDA M.	
STREET ADDRESS	1517 COLEMAN ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME	<i>Reida Sheffield</i>	
STREET ADDRESS	<i>1517 Coleman St</i>	
CITY-ST-ZIP	<i>Tallahassee FL</i>	
TITLE	SAME AS ABOVE	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	60000258424E-3
1.3 STREET ADDRESS	-07/09/98--01041--018
1.4 CITY-ST-ZIP	***150.00 ***150.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<i>7/1/95</i>
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.
 SIGNATURE: *David McQuay* DATE: 7-1-98 Filing Fee: 575-2331

CR2E034 (5/98)

SHEFFIELD'S BODY SHOP
2195 W. TENNESSEE ST.
TALLAHASSEE, FL. 32304
(850)575-2331, 575-0135 FAX

July 7, 1998

Attn: Department of State,
Division of Corporations

Carlton Sheffield
did not receive

I Carlton Sheffield was not aware of this matter not being taken care of at the proper time. The person who was responsible for handling these matters for me is no longer here. Please accept my apologies.

Sincerely,

Carlton Sheffield
Carlton Sheffield