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FILED

May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V43436

(7)

1. Corporation Name

AUSTIN B., INC.

Principal Place of Business

Mailing Address

AUSTIN B. INC.
4325 HARDEN BLVD.
LAKE LAND FL 33813
US

P.O. BOX 24385
LAKE LAND FL 33802
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1992

4. FEI Number

59-3127935

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MCMIFF, A.E.~~
4325 HARDEN BLVD
SUITE 400
LAKE LAND FL 33813

81 Name

Jan D. Thomas

82 Street Address (P.O. Box Number is Not Acceptable)

4325 Harden Blvd
Lakeland FL

83

84 City

FL

85 Zip Code

33813

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

Jan D. Thomas

(NOTE: Registered Agent signature required when reinstating)

4/22/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME MCMIFF, AUSTIN B.
STREET ADDRESS 4325 HARDEN BLVD.
CITY-ST-ZIP LAKE LAND FL

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

TITLE DS
NAME MCMIFF, ALICIA
STREET ADDRESS 4325 HARDEN BLVD.
CITY-ST-ZIP LAKE LAND FL

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

TITLE SD
NAME THOMAS, JAN D.
STREET ADDRESS 4325 HARDEN BLVD
CITY-ST-ZIP LAKE LAND FL

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

TITLE M
NAME BUNCH, WILLIAM THOMAS
STREET ADDRESS 4304 DRAWDY RD
CITY-ST-ZIP PLANT CITY FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
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.

SIGNATURE

Jan D. Thomas

4/22/98 (941) 646-6870

CR2E034 (10/97)