## 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

P	OCUN Corporation	MENT Name	# V58178	3 (7	<b>'</b> )				
			N & ASSOCIATES, I		•				
Principal Place of Business Mailing Address						···		( 1683) DITAGI BILAN IDIDI (1801 1820) 1815 BIEU DIDIL ANDI ANDI ANDI ANDI ANDI	
	424 CASTLE		)	PO BOX 521					
PALMETTO FL 34221 US				ELLENTON FL 34222-0521 US				DO NOT WRITE IN THIS SPACE	
ľ				00				3. Date Incorporated or Qualified	٦
								08/13/1992	
	. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For	
21	Suite, Apt. #, etc.			Suite Apt #, etc.				65-0375113   Not Applicable   \$8.75 Additional	읙
22	<b>_</b> ' ' '			27				5. Certificate of Status Desired Fee Required	
	City & State			City & State			***	6. Election Campaign Financing \$5.00 May Be	ㅓ
23				28				Trust Fund Contribution Added to Fees	_
Щ	Zip		Country	Zφ	├─ <b>┐</b>			8. This corporation owes or has paid the current year Intangible	
24	25		29	3	90		Personal Property Tax due June 30. Yes 🔼 No	4	
┝			and Address of Current	Hegistered Agent		81	Name	10. Name and Address of New Registered Agent	⊣
GRIMES, WILLIAM C.									_
1023 MANATEE AVENUE, WEST BRADENTON FL 34205						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 office or registered agent, or both, in the State of Florida, Such change was author						s, the above	-named	d corporation submits this statement for the purpose of changing its registered	<u>آ</u> آ
	agent. I ar	m familiar w	ith, and accept the obligat	tions of, Section 607.0	505, Flori	ida Statute	S.	rporation's board of directors. I hereby accept the appointment as registered	
SI	GNATURE	District Con-	for printed name of registered agen		(NOTE:	Designed No.		re required when reinstating) DATE	.
12		Signature, typic	OFFICERS AND		(NOTE:	13.	ant eignature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
717	<del></del>	PD		☐ DE	ETE	1.1 TITLE		Change Addition	'n
NA	EASTMAN, ORAN S.								
STF	STREET ADDRESS 8424 CASTLE GARDEN RD			1		ADDRESS			
СП	Y-ST-ZIP	PALME	TTO FL			1.4 CITY - S	i - ZiP		
TIT	LE	SD		☐ DE	ETE	2.1 TITLE		Change Addition	U
NA	ME }		an, rosemary			22 NAME			
STE	REET ADORESS		ASTLE GARDEN RD			2.3 STREET	ADDRESS		
-	Y-ST-ZIP	PALME	TTO FL	Пъг	ctr.	2.4 CITY-	ST-ZIP		_
317	1	VD	ANI DOUGLAG	DE	.tit	3.1 TITLE		Change Addition	n i
NA			AN, DOUGLAS			3.2 NAME			
1	STREET ADDRESS 8424 CASTLE GARDEN RD CITY-ST-ZIP PALMETTO FL				3.3 STREET 3.4. City-				
_	TLE TO		T DE	DELETE		SI-ZIP	Change Addition	n	
NA				4.1 TITLE 4.2 NAME					
ı	REET ADDRESS		ASTLE GARDEN RD			4.3 STREET	ADDRESS		
ı	Y-ST-ZIP	PALME				4.4 CITY-5		İ	
	TLE		DE	DELETE			Change Addition	'n	
NA.	ME Ì					5.2 NAME			
STI	REET ADDRESS					5.3 STREET	ADDRESS		
Crr	Y-ST-ZIP					5.4 CITY - 5	T-ZIP		
TIT	LE			□ DE	ETE	6.1 TITLE		☐ Change ☐ Addition	n
NA.	ME					6.2 NAME		}	
STE	REET ADDRESS					6.3 STREET	ADDRESS		

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, or on an attachment with an address.

6.4 CITY - ST - ZIP

**SIGNATURE:** 

**FILED** 

Mar 11 1998 8:00am

Secretary of State