

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 241390 (4)

1. Corporation Name
PALATKA WESTGATE CORPORATION



Principal Place of Business 331 CENTRAL AVE. CRESCENT CITY FL 32112	Mailing Address 331 CENTRAL AVE. CRESCENT CITY FL 32112
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/21/1960	
21	22	26	27	4. FEI Number 59-0980668	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	25	28	29	30
Zip		Country		Zip	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MILLER, THOS A 1133 SPRING ST. #301 WELAKA FL 32193				10. Name and Address of New Registered Agent	
				81	Name
				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 printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, GEORGE C	1.2 NAME	Richard Hamrick
STREET ADDRESS	201 LAKESHORE DRIVE	1.3 STREET ADDRESS	124 William Bartram
CITY-ST-ZIP	CRESCENT, FL 00000	1.4 CITY-ST-ZIP	Welaka, Fla. 32193
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, THOMAS A.	2.2 NAME	
STREET ADDRESS	1133 SPRING ST. #301	2.3 STREET ADDRESS	
CITY-ST-ZIP	WELAKA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DANIEL L.	3.2 NAME	
STREET ADDRESS	900 N. OAKWOOD ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DONALD J.	4.2 NAME	
STREET ADDRESS	512 N. LAKE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JOSEPH E	5.2 NAME	Joseph E. Miller
STREET ADDRESS	107 BREEZY POINT LANE	5.3 STREET ADDRESS	107 Breezy Point Lane
CITY-ST-ZIP	CRESCENT CITY FL	5.4 CITY-ST-ZIP	Crescent City, Fla. 32112
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ **4/16/98**

CR2E034 (10/97)