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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

FILED Apr 17 1998 8:00am Secretary of State

| THE 5 | +H COHPORATION | | | | | | | | |
|---------------------------------|------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------|--------------------------|------------------|--------------|------------------------------------------------------------------------------------------------|----------------------------------|--|
| Principal Place | e of Business | Mailing | Address | | | | - 1 186164 B(661 61804 11811 8188) 18118 6111 6181 811 | iin endal diali diess diest kodi | |
| HIGHWAY C | -270 NORTH | HIGH | WAY C-270 NORTH | | | | | | |
| STAR ROUTE 2. BOX 54 STAR ROUTE | | | ROUTE 2. BOX 54 | TE 2. BOX 54 | | | | | |
| BRISTOL FL 32321 BRISTOL F | | | OL FL 32321 | NL FL 32321 | | | DO NOT WRITE IN THIS | SPACE | |
| | | | | | | | 3. Date Incorporated or Qualified | | |
| 9 Principal C | Place of Business | 2a Mai | ling Address | | | | 12/10/1973 4. FEI Number | I solind For | |
| · · | riace of Business | \vdash | iiiig Address | | | | | Applied For Not Applicable | |
| Suite, Apt | # alc | 26 Suit | e, Apt. #, etc. | | | | 59-1498489 | \$8.75 Additional | |
| 22 | . ", 0.0. | 27 | o, ripe n, oto. | | | | 5. Certificate of Status Desired | Fee Required | |
| City & Sta | te | | & State | | | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | | 28 | | | | | Trust Fund Contribution | Added to Fees | |
| Zip | Country | Zip | | Count | ry | | 8. This corporation owes or has paid the cu | | |
| 24 | 25 | 29 | | 30 | | | | Yes No | |
| | 9. Name and Address of Curren | t Registered | i Agent | | | | 10. Name and Address of New Registered | Agent | |
| H | ATCHER, SAMUEL T. | | | 8 | 1 Nam | 9 | | | |
| H | GHWAY C-270 NORTH | | | B | 2 Stree | t Addre | ss (P.O. Box Number is Not Acceptable) | | |
| R | Г 2, В ОХ 54 | | | | | ., | iodioss (1.0. Box Humber is Not Nocoptable) | | |
| 81 | RISTOL FL 32321 | | | 8 | 3 | | | | |
| | | | | 8 | 4 City | | | 85 Zip Code | |
| | - | | | | | | FL | - | |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.15 | 08, Florida Statute | s, the abo | ve-name | d corpo | ration submits this statement for the purpose on's board of directors. I hereby accept the app | of changing its registered | |
| agent. I a | registered agent, or doin, in the state am familiar with, and accept the obliga | oi riorida. S itions of, Sec | uch change was a ction 607,25 08, F loo | umonzeo i rida Statut | oyunecu 98. ⊿ | rpora⊪o • | in's board of directors. I hereby accept the app | pointment as registered | |
| SIGNATURE | | made a / " | T. Madelnov | r Koos | Mon | [| 4/12/03 | | |
| | Organization typed a printed turne of registered ager | | | | gent signali | re required | when reinstaling) DATE | | |
| 12. | OFFICERS AND | DIRECTOR | RS DELETE | 13. | | | ADDITIONS/CHANGES TO OFFICERS AN | | |
| TITLE | ST. | | DELETE | 1.1 TITLE | | 4 | Tressgrey Timeder | Change Addition | |
| NAME | TOMUNSON, TINA | | | - 1.2 NAM | | w | pise A manifest R12 | Box 54 | |
| STREET ADDRESS | HWY C 270 NORTH | | | | ET ADDRESS | HU | W C. NO NO 181 32221 | | |
| CITY-ST-ZWP | BRISTOL FL | | - Per exe | 1.4 CITY | | 1-0, | 45 pl, Th 28281 | Change Addition | |
| TITLE | MATCHED THOMAS | | DELETE | 2.1 TITLE | | ر ا | secretary - Director | | |
| NAME | HATCHER, THOMAS A. | | | 2.2 NAMI | | HA | toher Thomas A. LUKE 16 | Box 284-N | |
| STREET ADDRESS | DUPONT RD EST. N-LOT 16 | | | | et addres: | ag | ont an estates N. Lot 10/11. 10 | | |
| CITY-ST-ZIP | HAVANNA FL | | DELETE | 2. 4 CITY | | HA | VANIA EL 2223 | Change | |
| TITLE | ļ ' | | ☐ Dereie | 3.1 TITLE | | 150 | esident - virector | El change Noonion | |
| NAME | HATCHER, SAMUEL HWY C-270 NORTH | | | 3.2 NAMI | | MA | (ner, annuel T v [370 North /R] 2 Bex 59 | | |
| STREET ADDRESS | | | | * | ET ADDRESS | JAN J | A CHIO NOIMI OF A CONDI | 27771 | |
| CITY-ST-ZIP | BRISTOL, FL 69999 | | DELETE | 3.4. CITY | | 011 | 12701, YA 323A1 | Change Addition | |
| TITLE | | | Dereie | 4.1 TITLE | | | | ☐ Criange ☐ Addition | |
| NAME | | | | 4. 2 NAM | | | | Į. | |
| STREET ADDRESS | | | | | ET ADDRESS | · | | | |
| CITY-ST-ZIP | | | DELETE | 4.4 CITY | | + | | ☐ Change ☐ Addition | |
| TITLE | | | LT DETEIL | 5.1 TITLE | | | | Li change Li Audition | |
| NAME | | | | 5.2 NAME | | | | İ | |
| STREET ADDRESS | | | | ı | ET ADDRESS | 1 | | l | |
| CITY-ST-ZIP | | . | DELETE | 5.4 CITY | | + | | Change Addition | |
| TITLE | | | - Drieie | 6.1 TITLE | | 1 | | L Change L Adminon | |
| NAME | | | | 6.2 NAME | | | | | |
| STREET ADDRESS | I | | | 6.3 STRE | ET ADDRESS | 1 | | | |
| CITY-ST-7IP | | | | 64 CITY- | 01 200 | | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 of rustee employeers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an effective in with an address.