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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	MENT # 29353 WNNELLY CORPORATION	3 (6)			
2602 S MACDILL AVE		Mailing Address 2602 S MACDILL AVE PO BOX 14417		1 100110 17076 73105 FAMO 01100 FAMO 1774 1	india delle delle delle delle delle delle sott
TAMPA FL 336	90	TAMPA FL 33690-4417		3. Date Incorporated or Qualified 06/02/1965	3a. Date of Last Report 01/31/1996
2. Principal P	Place of Business	28. Mailing Address 26		4, FEI Number 59-1096868	Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	7	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
7(p) 24	25 Country	Zip 29	Country 30	B. This corporation has liability for in Florida Statutes  10. Name and Address of New Reg	Yes No
	9. Name and Address of Curi	ent uedistaten wäelit	81 Name	IV. Hallie allo Address di New Net	haraten vilatir
HILL, LEE H, JR 2602 S MACDILL AVE TAMPA, FL 33629				ress (P.O. Box Number is Not Acceptab	le)
			84 City		FL 85 Zip Code
agent +a SIGNATURE	Signature Typed or printed name of registered		TE Registered Agent signature requi	poration submits this statement for the p tion's board of directors. I hereby accep red when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE
NILE	SO	DELETE	1.1 TITLE	7,0511010,077,102010 01710	Change Addition
NAME	HILL, PATRICIA S.		1.2 NAME		
STREET ADDRESS	2602 S MACDILL AVE		1.3 STREET ADDRESS		
	TAMPA, FL 00000				
CITY ST-ZIP	VDT	DELETE	1.4 City-St-ZiP 2.1 Titue		Change Addition
nice	HILL, DOROTHY S	Dottert			C Change C Addition
NAME	2602 S MACDILL AVE		2 2 NAME		
STREET ADDRESS	TAMPA, FL 00000		2.3 STREET ADDRESS		
011Y - \$1 - 70P 111({	PD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	HILL, LEE H. III	L.J OLLCIL			Change L1 Addition
	2602 S MACDILL AVE		3.2 NAME		
STREET ADDRESS	TAMPA, FL 00000		3.3 STREET ADORESS		
0/1Y-S1-7/P 1/1U	CD	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
	HILL, LEE H, JR				
NAME	2602 S MACDILL AVE		4. 2 NAME		
STEEFT ADDRESS	TAMPA, FL 00000		4.3 STREET ADDRESS		
CITY-ST-7IP	INMIN, IL WWW	DELETE	4.4 CiTY+ST+ZiP		Change Addition
THEF		□ Derese	5.1 TITLE	*	L) Change LJ AQUI(IOI)
NAME			5.2 NAME		j
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - 51 - 26		T No. exe	5.4 CITY - ST - ZIP		Change
TITLE		DELETE	6.1 TITLE	1	Change Addition
NAMÉ			6.2 NAME		
STREET AUDRESS			6.3 STREET ADDRESS		
CITY OF 7.3	1		CACITY OF TIP		, I

14. I do hereby certify that the information supplied with this filling 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 suppliemental 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 artifages.

SIGNATURE:

Daytime Phone #

**FILED** 

Apr 16 1997 8:00am

Secretary of State