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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT 1997			Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				Secretary of State				
	CUMENT # 3 MOND JAMES & A		(9)							44 11 1	
Principal Place of Business Mailing Address 880 CARILLON PKWY. P.O.BOX 12749 P.O.BOX 12749 ST PETERSBURG FL 33733-2749 ST PETERSBURG FL 33733-2749											
							 Date Incorporated or Qualified 02/19/1969 	3a. Date 05/01/		aport	
2. Princi	pal Place of Business	2a. 1	Mailing Address				4. FEI Number 59-1237041			plied For t Applicable	
	Apt. #, etc.	······································	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	Additional	
City 8	State		City & State				6. Election Campaign Financing		\$5.00	May Be	
23 Zip	Cor	untry [28]	Zip	Count	ry		Trust Fund Contribution 8. This corporation has liability fo			199.032	
24	9 Name and Ac	29 Idress of Current Register	red Agent	30			Florida Statutes FILED B' 10. Name and Address of New F			ANY	
	PIPPENGER, LYNN			8	1 Name	!	10. (10.0)				
880 CARILLON PKWY.					2 Street	Addres	s (P.O. Box Number is Not Accepta	able)			
ST PETERSBURG, FL 33716					3		**************************************				
33710					4 City				85 Zip C	- ode	
L	007.05.00	1				FLI	``\	İ			
offici ager	e or registered agent, or t. I am familiar with, and	both, in the State of Florida accept the obligations of,	n. Such change was Section 607.0505, F	authorized lorida Statu	by the cor es.	rporatio	ration submits this statement for the n's board of directors. I hereby acc	ept the appoin	tment as	registered	
SIGNATU	JRE Show to fired at beinted	name of registered agent and title if	and the (NO	TF Bagislared	nent cionatur	re remitred	when reinstating)	DATE			
12.		OFFICERS AND DIRECT	ORS	13.	Quin digitalian	i required	ADDITIONS/CHANGES TO OFF	ICERS AND D			
10116	CD		[_] DELETE	1,1 1110					Change	Addition]	
NAME	JAMES, THOMA RESS 880 CARILLON 1			1.2 NAM		1				\	
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NAME	PIPPENGER, LYI			2.2 NAM	E		•	• • • • • • • • • • • • • • • • • • • •		ĺ	
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CITY ST-ZI	ST PETERSBUR PD	y rL	☐ DELETE	4.4 CITY 5.1 TITE	-ST-ZIP	┼			Change	Addition	
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CITY-SI-Zi	AT APTERABLES				-ST-ZIP]					
THEF	V		DELETE	6.1 TITL		VT		K	Change	Addition	
NAME	TREMAINE, THO			6.2 NAN							
STREET ADO	44				ET ADDRESS					}	
CHY-S1-7	ST PETERSBUR	U TL		64 CITY	-ST - ZIP						

14. I do 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:

2412NATURE REQUITIONS Tremaine

4/9/97

FILED

Apr 21 1997 8:00am