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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

0050704

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # 694611

(5)

Mailing Address

DAVIS, BROWNING, AND SCHNITKER, P.A.

C/O EDWIN B 901 WEST BA MADISON FL	se street	901 WEST BASE STR	C/O EDWIN B. BROWNING 901 West base street Madison Fl 32340-1407							
						3. Date incorporated or Qualified 07/15/1981		e of Last F 9/1996	leport	
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For			
21		26				59-2207374		N	ot Applicable	
Suite, Apt	B1181181 4	Suite. Apt. #, etc.	27			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	e	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country	Zip	Cour	ntry						
24	25	29	29 30			8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes				
	9. Name and Address of Curre					10. Name and Address of New Re				
BRO	DWNING, EDWIN B.			B1	Name					
	WEST BASE STREET		}	82	Street Ac	dress (P.O. Box Number is Not Acceptab	le)			
MAI	ISON FL 32340					iodiada (i.o. box Hairibo ia Hot Acceptable)				
				83						
			}	84	C₁ty			85 Zip	Code	
	· PRINCE PARTIES A COLUMN AND A				•		FL	1 .		
office or r agent. La	registered agent, or both, in the Stati im familiar with, and accept the oblig	e of Florida. Such change w	vas authorized	l by	the corpo	orporation submits this statement for the pration's board of directors. I hereby accep	t the appo	intment as	registered	
SIGNATURE	Sign thate, typical or pair led name of registered ag			Agen	t signature rec	quired when reinstating)	DATE			
12.	OFFICERS AN	ID DIRECTORS	T per ere			ADDITIONS/CHANGES TO OFFIC				
TITLE		☐ DELETE	· · · · ·				L	Change	Addition	
NAME	BROWNING, EDWIN B JR		1.2 NA							
STREET ADDRESS	901 WEST BASE ST			1.3 STREET ADDRESS						
CHTY-ST ZIP THTLE	MADISON, FL 00000 ST	DELETE		1.4 CITY - ST - ZIP 2.1 TITLE			r	7 05	A desire	
NAME	SCHNITKER, CLAY A.						ι	Change	Addition	
STREET ADORESS	901 WEST BASE ST			2.2 NAME 2.3 STREET ADDRESS						
CITY-ST-ZIF	MADISON, FL 00000			2. 4 CITY - ST - ZIP						
TITLE	DELETE							Change	Addition	
NAME			3.2 NA	ME			_			
STREET ADDRESS			3.3 ST	REET A	DDRESS					
CITY - ST - ZIF			3.4. CI	iy-si	- ZIP					
TITLE		☐ DELETE	4.1 TIT	LE			Ľ	Change	Addition	
NAME			4 2 NA	ME						
STREET ADORESS			4.3 ST	REET A	DDRESS					
CITY - ST-ZIP			4.4 CH	Y-ST	ZIP					
TITLE		L_J DELETE		51 TITLE				Change	☐ Addition	
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 ST	REET A	DDRESS					
CHY-SI-ZIP		I ne ese	5.4 CIT		ZIP			-		
TITLE		☐ DELETE	6.1 TiTi				L	Change	L Addition	
NAME CANCER ADDRESS (4)			6.2 NA							
STREET ACORESS					ODRESS					
City-ST-ZiP 14. Lide hereb	ny certify that the information consile	ed with this filing dose not a	6.4 CIT			ed in Section 119.07(3)(i), Florida Statutes	I further	contifu that	tho	
informatio Lam an el appears :	flicer or director of the corporation on Black 12 or Black 13 or B	supplemental annual report in the receiver or musles emport or on a lattach near with an	t is true and a powered to es	xecn ccn.	ate and the te this rep	ed in Section 119.07(5)(f), Florida Statutes hat my signature shall have the same legal ort as required by Chapter 607, Florida St	effect as it tatutes; and	f made und that my r	นาย der oath; thai name	