FIL	E N	10	W:	FIL	ING	FEE	IS	\$61	.25
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NONDBOEIT



CORI ANNU	PORATION AL REPORT	FLORIDA DEPARTA Sandra B. M. Secretary of DIVISION OF CO	Northam of State		
2221 E	ngdale Civic Club, Bloomingdale Ave. co, Florida 33594-6				
Principal Place	or business	maining Address		3. Date Incorporated or Qualified 09/04/1962	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		N/A	Not Applicable
Suite, Apt. #	≢, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	, , , , , , , , , , , , , , , , , , , ,	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	intangible tax under s. 199.032,
24	25]	Decision Agent	D]	Florida Statutes L 10. Name and Address of New Re	Yes X No
•	9. Name and Address of Current	Registered Agent	81 Name	16. Hame and Address of New Tre	31010000
Downi	e, Marlene		82 Street A	Address (P.O. Box Number is Not Acceptab	ole)
	Bloomingdale Ave.			3	
Valri	co, FL 33594-6213		83		
			84 City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 617.0502	and 617.1508, Florida Statutes	, the above-named	corporation submits this statement for the p	ourpose of changing its registered
office or re agent. I ar	egistered agent, or both, in the State on familiar with, and accept the obligation	nt Florida. Such change was aut	norized by the cort	poration's board of directors. I hereby accept	of the appointment as registered
SIGNATURE _	Marlene Downie	402	Registered Agent's grature	real when rejectation)	DATE
12.	Signature, typed or printed name of registered agen OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE 2	Birector	XDELETE.	1 FTITLE 🕽	Director	Change Addition
NAME	Carter, Emery		1.2 NAME	Carter, Matthew	
STREET ADDRESS	2328 Bloomingdale	Ave.	1.3 STREET ADDRESS	2204 Bloomingdale Ave	•
CITY-ST-ZIP TITLE D	Valrico, FL 3359	4 S DELETE	1.4 CITY-ST-ZIP 2.1 TITLE D	Valrico, FL 33594	Change Addition
NAME	Director	¥	2 2 NAME	Director	
STREET ADDRESS	Scott, Kenneth		2.3 STREET ADDRESS	Allan Trovillion	
CITY-ST-ZIP	Valrico Rd.		2. 4 C(TY - ST - Z)P	2509 Mason Oaks Dr. Valrico, FL 33594	
TITLE P D	Valrico, FL 3359 President-Directo		31 TITLE D	Director	Change Addition
NAME	Slowey, Charles	Ţ.	3.2 NAME 3.3 STREET ADDRESS	Michael Fletcher	
STREET ADDRESS CITY-ST-ZIP	3015 Little RD.		34. CITY-ST-ZIP	607 Princeton St.	
TITLEST D	Valrico, FL 3359	4 DELETE	41 TITLE 🏂	Brandon ,FL 33511	Change Addition
NAME	Secretary-Treasur		4. 2 NAME	Director	
STREET ADDRESS	Downie, Marlene		4.3 STREET ADDRESS	James Barfield	
CITY-ST-ZIP	2221 Bloomingdale		4.4 CITY - ST - ZIP	2203 Durant Rd.	Change Addition
TITLE	Valrico, FL 3359	4	5.1 TITLE 5.2 NAME	Valrico, FL 33594	
NAME STREET ADDRESS			5.3 STREET ADDRESS		Ola
CITY-ST-ZIP			5.4 CITY-ST-ZIP		1240
TITLE		DELETE	6.1 TITLE	9000180 -05/06/96010 ***70.00	Addition Addition
NAME			6.2 NAME		197-5 0 02 \ V
STREET ADDRESS			6.3 STREET; ADDRESS	***70 . 00	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Charles A. Slowey

4-25-96

(813)689-7241