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NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 737744

(3)

| Principal Place of Business Mailing Address | | | | | | | | | |
|---|--|-------------------------------------|--|-----------------|-------|--|-------------------------|---------------------------------|--|
| 2810 S DER RD PLANT CITY FL 33567 US | Mailing Address 2810 S. DER RD PLANT CITY FL 33567 US | 810 S. DER RD LANT CITY FL 33567 | | | | | | | |
| _ | | 00 | | | | 3. Date Incorporated or Qualified 01/05/1977 | 3a. Date of 05/0 | Last Report 1/1995 | |
| | | | DerRo | d | | 4. Fet Number 23-7317363 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State | | | | | | 5. Certificate of Status Desired | 1 6 | 3.75 Additional Fee Required | |
| BOLant City | Country | 28 Plant Cit | | | | Election Campaign Financing Trust Fund Contribution | ۾ اسا | 5.00 May Be added to Fees | |
| 24 33561 25 9. Name ar | HIIS DOLOUGH | | 30 H | llabor | | This corporation has liability for in Florida Statutes Mame and Address of New R |] Yes ∑ kNo | | |
| AYER, KIM 2810 SO DER RD PLANT CITY FL 33567 | | | | | an | P.O. Box Number is Not Acceptab | | Zıp Code | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am SIGNATURE SIGNATURE Signature, head or printed name of registered agent and the if applicable. [NOTE: Registered Agent signature required when remistating] On the signature of the purpose of changing its registered office or registered agent. I am a signature required when remistating. | | | | | | | | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFI | CERS AND DIRE | CTORS IN 12 | |
| NAME STREET ADDRESS CITY-ST-ZIP MITCHELL, 17000 PAT ODESSA F | ferson RD, 8 te 19 |) Dectric | | | Vic | ce pres, Arlene Toback 19000 Patterson A Odessa, Fi 3355 | □Char Rd Ca | nge Addition | |
| TITLE P NAME SHORT, OL STREET ADDRESS 5019 SUW/ CITY-ST-ZIP TAMPA FL | | DEFELE | | | | | ☐ Char | nge 🗖 Addition | |
| TITLE ST NAME AYERS, KIN STREET ADDRESS CITY-ST-ZIP PLANT CITY | er RD | DELETE | 31 TITLE 32 NAM 33 STRE 34 CITY | e et address | | | ☐ Chan | nge Addition | |
| CITY-ST-ZIP TITUSVILLE | ithony's st | DOTETE | 4.1 TITLE 4 2 NAM 4.3 STRE 4 4 CITY | ET ADDRESS | 1 | elegate andy Mitchell Jr 7000 Patterson F dessa, Fl 3359 | | ige Addition | |
| NAME RUTGER, R STREET ADDRESS CITY-ST-ZIP TAMPA FL | | DELETE | 5 1 TITLE 5 2 NAME | ET ADDRESS | | | . Cnan | ge Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 14. I do hereby certify that the | NEE AVE | DELETE | 6.4 CiTY | ET ADORESS | 6.6-4 | e exemption stated in Section 119.0 | ☐ Chan | | |

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 THE OF SIGNING OFFICER OR DIRECTOR

June 8, 1994 813 731-3260