FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1996

 Corporation N 	IENT # H4789 DOCK BOOKKEEPING AN	` '					
Principal Place of Business 1555 U.S. #1 N. P.O. BOX 780968 SEBASTIAN FL 32978		Mailing Address 1555 U.S. #1 N. P.O. BOX 780968 SEBASTIAN FL 32978		(1996)			
SEBASIIAN FI	L 32970	Section with the section			3. Date Incorporated or Qualified 03/19/1985	3a. Date of Last Re 04/07/19	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FET Number 59-2508305		Applied For Not Applicable
Suite, Apt. #.	. etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	T	Additional
2		27				Fee I	Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	1 1	May Be d to Fees
Zip Country		Zip	Zip Country		This corporation has liability for intangible tax under s 199.032, Florida Statutes		
4	25 9. Name and Address of Curren	29 t Registered Agent	[30]		10. Name and Address of New F		
			81				
RUDDOC			82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
1101 N. WATERWAY DR. Barefoot bay Fl 32976			83	3			
BAKETU	OI DAT PL 32970		84	4 City	85 Zip Code		o Code
				1 '	ration submits this statement for the pu	FL	
familiar with	n, and accept the obligations of, sections specified agent	1017 007,00005, 1 1011011 Otatoros	,		ration submits this statement for the purified of directors. Thereby accept the appearance to the submit of the purificulty accept the appearance of the submit of the purificulty accept the appearance of the purificulty accept the appearance of the purificulty accept the purificulty accept the purificulty accept the appearance of the purificulty accept the purificulty accept the appearance of	DATE ICERS AND DIRECTO	DRS IN 12
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CITY - ST - ZIP		☐ DETELIE	2 4 C/1 Y 3 1 1 1 FL 3 2 NAM	ET ADORESS -ST-ZIP F		Change	
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14. 1 do hereby 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 it made under 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 it made under 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 it made under 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 it made under 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 it made under certify that it is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an altachment with an argifices.

SIGNATURE:

Allen B. Ruddock

President

Cutting Phase 1 (407)589-2939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-96 Custon Prices 1