PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K55029

MESSER, CAPARELLO, & SELF, P.A.

(8)

FILED Aug 18 1997 8:00 am Secretary of State



Principal Place of Business		Mailing Address		s masiern our atter diet delle titte in	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a, Date of Last Report	
215 S. MONROE ST., SUITE 701 (323011871) P.O. BOX 1876 TALLAHASSEE FL 32302-1876 US		215 S. MONROE ST., SUITE 701 (323011871) P.O. BOX 1876 TALLAHASSEE FL 32302-1876 US				
				01/01/1989	03/22/1996	
2. Principal I	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2921100	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			60 7E	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has pai	d the current year intangible	
24	25	29	30	Personal Property Tax due June	30. 🔼 Yes 🗌 No	
g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
MADSEN, H MICHAEL				Flow R. Self		
215 SOUTH MONROE STREET 82 Street Address				Address (P.O. Box Number is Not Acceptable	le)	
SUITE 701 FIRST FLORIDA BANK BLDG.				215 S. MOUROE ST.		
TALLAHASSEE FL 32301				Suite 701		
			84 City -	-11	85 Zin Code	
		<i></i>		lallaharree	FL	
	to the provision; o Section, 60 .050; registered agen) ir both, in the State	2 Ind 607.1508, Florida Statute	s, the bove-named	corporation submits this statement for the population's board of directors. I hereby accep	urpose of changing its registered	
agent I a	am familiar with find cosh the obliga	of Florida, Such change was at lights of Section 607.0505, Flor		Cartaion's board or directors. Thereby accept	t the appointment as registered	
SIGNATURE	XIII VC	Floyd	A Seif	7	13-9/	
	Pignature, typod or printed jurne of registered ages	NOTE (NOTE	Regist d'Agent signature	required when reinstaling)	DATE	
12. TOTLE	OFFICERS AND	DELETE		ADDITIONS/CHANGES TO OFFIC		
NAME	MESSER, JAMES ELLIOTT	_ Date	1. TLE		Change Addition	
	3529 RAYMOND DIEHL ROAD	•	1.2 JAME			
STREET ADDRESS	TALLAHASSEE FL		1.3 TREET ADDRESS			
CITY-ST-ZIP TITLE	DV	DELETE	1.4 CITY-ST-ZIP		[] ()	
NAME	CAPARELLO, DOMINIC M.	□ vittit	2.1 TITLE		Change	
	5123 ILE DE FRANCE		2.2 NAME			
STREET ADDRESS	TALLAHASSEE FL		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	PD	DELETE	2. 4 CITY - ST - ZIP			
NAME	MADSEN, H. MICHAEL	DELETE:	3.1 TITLE DIST	Floyd K SELL A	Change 🔀 Addition	
-	925 LOTHIAN DRIVE		3.2 NAME	2924 Cold Streem DR.		
STREET ADDRESS	TALLAHASSEE FL		3.3 STREET ADDRESS	Tallahosset FL 32301	8	
CITY-ST-ZIP TITLE	DV	DELETE	3.4. CITY - ST - ZIP	and the control of th		
-	WARFEL, TIMOTHY J.	N DELETE	4.1 TITLE		Change Addition	
NAME OTRECT ADDRESS	3748 FORSYTHE WAY		4. 2 NAME			
STREET ADDRESS	TALLAHASSEE FL		4.3 STREFT ADDRESS			
CITY-ST-ZIP		DIDELLE	44 CiTY-ST-ZIP			
TITLE	WALDOCH, LAUCHLIN T	, ₩, DELETE	5.1 TITLE		Change Addition	
NAME	ROUTE 3, BOX 652		5.2 NAME			
STREET ADDRESS	TALLAHASSEE FL		5.3 STREET ADDRESS			
CITY-ST-ZIP		No. ere	5.4 CITY-ST-ZIP			
TITLE	DT MAIDA MICHAEL O	DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME	MAIDA, MICHAEL G.	\ -	6.2 NAME			
STREET ADDRESS	4083 ROWELING OAKS COUP	(1	6.3 STREET ADDRESS		ļ	
CITY+ST-ZiP	TALLAHASSEE FL		CACITY OF 710		i	

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. If further certify that the information indicated on this annual report or supplemental innual 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 good physical control or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 to the good of the g