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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name M82631

(6)

| | DAD | LIABACA | VGATL | REPORTING | △E E | ADIDA | IMO |
|---|-----|---------|--------|-----------|-------------|----------|------|
| ı | rak | LIAMET | NIARY. | REPUBLING | ()+ H | LOKIIJA. | INC. |

| PARLIA | MENTARY REPORTING OF | FLORIDA, INC. | | | | | | |
|--|---|---|------------------------|---|--|---------------------------------------|----------------------|---------------------------------|
| Principat Piace | of Business | Mailing Address | | | | HIBI BARA DADA DI | | ALUH ALUH ITA |
| | | | DDIUE | | | | | |
| 8520 GOVERNMENT DRIVE 8520 GOVERNMENT DI SUITE 3 SUITE 3 | | | | | | | | |
| NEW PORT F | RICHEY FL 34654 | NEW PORT RICHEY | FL 34654 | | | TA | | |
| | ·- · · · · · · · · · · · · · · · · · · | | | | 3. Date Incorporated or Qualified 05/25/1988 | 3a. Date of 03/0 | Last Re 1/199 | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | | Applied For |
| 21 | | 26 | | · | 59-2894811 | | | Not Applicable |
| Suite, Apt. # | #, €1C | Suite, Apt. #, etc. | | | 5. Certificate of Status Dosired | п : | • | Additional |
| 22 Cify & State | | Gity & State | | | | | | Required |
| 23 | | 28 | | | Election Campaign Financing Trust Fund Contribution | | | May Be |
| Zip | Country | Zip | Country | | | | | d to Fees |
| 24 | 25 | 29 | 30 | | 8. This corporation has liability for i | | noer s | 199.032, |
| "I | 9. Name and Address of Current | | 100 | | 10. Name and Address of New R | | ent | |
| | | | 81 | Name | | - 0 | - | |
| BOBLITT | , BONNIE | | | Carrent Herei | /DO 0- N | 1-5 | | |
| | OVERNMENT DRIVE, #3 | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptab | ie) | | |
| NEW PO | ORT RICHEY FL 34654 | | 83 | *************************************** | | | | |
| | | | | | | | | |
| | | | 84 | City | | FL | B5 Zir | o Code |
| O TOURSON | o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid h, and accept the obligations of, Section | a loogh change was bushe | rized by the cond | amed corpor oration's boa | ration submits this statement for the pur rd of directors. I hereby accept the appo | pose of changi pintment as rec | ng its r jistered | egistered office agent. I am |
| SIGNATURE | | | | | | | | |
| | Stgriature, typied or printed name of registered agent a | | NOTE Registered Agen | l signature require | | DATE | | |
| . 12. | OFFICERS AND | | 13. | · | ADDITIONS/CHANGES TO OFFI | · · · · · · · · · · · · · · · · · · · | | |
| TIFLE | RODNEY, BOBLITT | ☐ DELETE | 1 1 TITLE | | | | Change | ☐ Addition |
| NAME | 8520 GOVERNMENT DR 3 | | 1 2 NAME | | | | | |
| STREET ADDRESS | NEW PORT RICHEY FL | | 1 3 STREET | | | | | |
| Cl* √-S1-7i° Tif,f | DP | - Delete | 14 C+TY-S | r - ZIP | | | | |
| | BOBLITT, BONNIE | DELETE | 2 1 TITLE | | | | Change | ☐ Addition |
| NAME . | 8520 GOVERNMENT DRIVE # | 2 | 2.2 NAME | | | | | |
| STREET ADDRESS | NEW PORT RICHEY FL | J | 2 3 STREET | | | | | |
| CITY - ST-ZIP | T | DELETE | 2 4 CITY - S | · ZIP | · · · · · · · · · · · · · · · · · · · | | | |
| NAM! | CURD, PATRICIA | [] ()[[] | 3 1 7/1/12 | | | | Change | Addition |
| STRULL ADDRESS | 13510 LINDEN AVE | | 3.2 NAME 3.3 STREET | 4.D.D.D.C.C.C | | | | |
| CHY+\$1- 7 IP | SPRING HILL FL | | | | | | | |
| Til,f | 8 | DECETE | 3 4 City · S | 1 - ZIP | | | Change | Addition |
| NAME | BIANCO, DEVERAH | | 4 2 NAME | | | F.1 4 | ma-iye | |
| STREET ADDRESS | 2624 SUNRIDGE CIRCLE | | 4.3 STREET | Annacce | | | | |
| CITY ST 791 | PALM HARBOR FL | | 4.4 CITY - S | | | | | |
| 11FLF | EVP | ☐ DELETE | 5 1 TITLE | -21 | | | Change | Addition |
| NAME | CAUFFMAN, HORACE B | _ | 5.2 NAME | | | u, | go | |
| STRULT ADDRESS | 13120 TOPFLITE CT | | 5 3 STHEET | ADDRESS | | | | |
| C TY+S1+ZIF | HUDSON FL | | 5.4 CITY - ST | | | | | |
| 1111 | VPD | DELETE | 6 1 TITLE | | | | Change | Addition |
| NAME: | BOBLITT, ROSS | | 6.2 NAME | | | | • | - |
| STREET ADDRESS | 8520 GOVERNMENT DR., #3 | | 6 3 STREET | ADDRESS | | | | |
| City Styzie | NEW PORT RICHEY FL | | 6.4 CHTY - S1 | I - ZIP | | | | |
| 14. I do hereby certify that | y certify that the information supplied with a information indicated on this annual | ith this filing is voluntarily for report or supplemental a | miched and does | not quality t | or the exemption stated in Section 119, the and that my signature shall have the | 07(3)(k), Florida same legal effe | Statute | es. I further 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: Zance & Confinence of Signature and typed on Played Name of SA HORRE B CAVERMAN IN 1/19/96
FISIGNING OFFICER OF DIRECTOR