

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**

DOCUMENT # **P94000016443 (1)** 96 SEP -5 AM 9:09

1. Corporation Name  
**SOUTH OBT CORP.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**5898 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO FL 32839**

Mailing Address  
**P.O. BOX 99900  
LOUISVILLE KY 40269-9990**

3. Date Incorporated or Qualified **02/28/1994** 3a. Date of Last Report **08/09/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3236496</b>	Applied For <input type="checkbox"/>
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip	28. Zip	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**A.G.C. CO.  
2300 SUN BANK CENTER  
200 SOUTH ORANGE AVENUE  
ORLANDO FL**

81. Name	
82. Street Address (P.O. Box Number Is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD PETERS, CHARLES</b>	1.2 NAME	
STREET ADDRESS	<b>5898 SOUTH ORANGE BLOSSOM TRAIL</b>	1.3 STREET ADDRESS	<b>100001974281--5</b>
CITY- ST- ZIP	<b>ORLANDO FL 32839</b>	1.4 CITY- ST- ZIP	<b>-10/15/96--01120--024</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD ONEY, WADE S</b>	2.2 NAME	
STREET ADDRESS	<b>5898 SOUTH ORANGE BLOSSOM TRAIL</b>	2.3 STREET ADDRESS	<b>100001974281--5</b>
CITY- ST- ZIP	<b>ORLANDO FL 32839</b>	2.4 CITY- ST- ZIP	<b>-10/15/96--01120--025</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TD HARBER, KAREN</b>	3.2 NAME	
STREET ADDRESS	<b>5898 SOUTH ORANGE BLOSSOM TRAIL</b>	3.3 STREET ADDRESS	<b>****200.00 ****200.00</b>
CITY- ST- ZIP	<b>ORLANDO FL 32839</b>	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AS HENDRICK, CHARLOTTE L</b>	4.2 NAME	
STREET ADDRESS	<b>P.O. BOX 99900</b>	4.3 STREET ADDRESS	<b>11492 Bluegrass Pkwy</b>
CITY- ST- ZIP	<b>LOUISVILLE KY 40269-9990</b>	4.4 CITY- ST- ZIP	<b>Lou. Ky 40299</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>mwb</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>9-16-96</b>
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charlotte L. Hendrick* 08/24/96 802-266-5203  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Charlotte L. Hendrick, Assistant Secretary** Daytime Phone #

CR2E034 (12/95)