SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000060659 (7)

Corporation Name	•	•	. –	_	_	_	_	_	_	_	•	

Principal Place of Business 8 CROOM ROAD BROOKSVILLE FL 34801 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified OB/04/11 5-9-32/75333 5-9-32/7533 5-9-32/75333 5-9-32/75333 5-9-32/75333 5-9-32/75333 5-9-32/75333 5-9-32/75333 5-9-32/75333 5-9-32/75333 5-9-32/75333 5-9-32/75333 5-9-32/75333 5-9-32/75333 5-9-32/75333 5-9-32/7			
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2. Principal Place of Business 2. Land Force Rd	08/04/1995		
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28 3460 25 Hornando 29 34605 30 Hernando Florida Statutes No. Name and Address of Current Registered Agent BATT, MARIA E 9 CROOM ROAD BROOKSVILLE FL 34601 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 change office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment of lam familiar with, and accept the obligations of, Section 607 0505. Florida Statutes. SIGNATURE DELETE DELETE DELETE 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 change of the obligations of, Section 607 0505. Florida Statutes BATT, MARIA E 9 CROOM ROAD 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY-ST-2IP DELETE DELETE Procks ville FL 34601 DELETE Procks ville FL 34601 DELETE 21 NAME Robert K Rance Jr SIRGET ADDRESS Local Y Emersion Kd	ideris 199 032,		
9. Name and Address of Current Registered Agent BATT, MARIA E 9 CROOM ROAD BROOKSVILLE FL 34601 81 Name DC n SC R ROY (6			
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64 Offy -ST-ZIP 64 Offy -ST-ZIP 64 Offy -ST-ZIP 14 Lide bereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Fig. 1. Appendix of the exemption stated in Section 119 07(3)(k).	Iorida Statutes I		

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 01(3)(8). Plotted statutes for the 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:

| Constitution |