FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P94000075325 (8)

| Principal Place 9612 HWY 92 PLANT CITY F US | EAST | Mailing Address 3612 HWY 92 EAST PLANT CITY FL 33566-732 US | 2 | | |
|--|---|---|---|---|--|
| | | | | 3. Date incorporated or Qualified 10/10/1994 | 3a. Date of Last Report 03/15/1996 |
| 2. Principal P | Place of Business | 2s. Mailing Address | | 10/10/1994 4. FEI Number | 03/13/1990 Applied For |
| 21 | AGG GI DOGINGGG | 26 | | 59-3270971 | Not Applicable |
| Suite Apt. | #, etc. | Suite, Apt. #, etc. | | | \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | θ | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 Zip | Country | 7/p | Country | Trust Fund Contribution | Added to Fees |
| 24] | 25 | } , ' | Country 30 | 8. This corporation has liability for Florida Statutes | intangible tax under s. 199.032, Yes No |
| 24] | 9. Name and Address of Cur. | | 30] | 10. Name and Address of New R | |
| BRA | 10 HOLLAND DRIVE ANDON FL 33511 to the provisions of Sections 607.0 registered agent, or both, in the St | 1902 and 607.1508, Florida Statute ale of Florida. Such change was a | 83 84 City | poration submits this statement for the | FL 85 Zip Code |
| agent. I a | im familiar with, and accept the ob- | | rida Statutes. Rogistered Agont signature requ | | DATE |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFI | |
| TITLE | P | ☐ DELETE | 1.1 TOLE | | Change Addition |
| NAME | NIPPER, MERRELL I | | 1.2 NAME | | |
| STREET ADDRESS | 3127 MILLER ROAD | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | VALRICO FL | DELETE | 1.4 CITY - ST - ZIP | | Change Addition |
| TITLE NAME | | | 2.1 TITLE 2.2 NAME | | Change Addition |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | • |
| CITY-ST-ZIP | | | 2. 4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | |
| TITLE | | [_] DELETE | 4.1 TITLE | | Change Addition |
| NAME OTOTOT 40000000 | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | ☐ DELFTE | 4.4 CITY - ST - ZIP 5.1 TITLE | | Change Addition |
| NAME | | otti | 5.2 NAME | | 亡 Swands □ Froquiou |
| STREET ADDRESS | | | 5.3 STRELT ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 City-St-Zip | | |
| TITLE | | DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | • |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY_ST. VID | 18 4 18 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | SACITY, ST. 7IP | | |

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. 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 eath; 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.

Merrall to

T. Nipper

4/11/09 (812) 753 1/12

FILED

Apr 24 1997 8:00am

Secretary of State