FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP

GREEN COVE SPRINGS FL



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name N93000005809 (9)

LUB CLOOKS BUTTANN OLLD INO

Principal Place of Business Mailing Address 6745 17TH ST S 57 PETERSBURG FL 33712 US Mailing Address 6745 17TH ST S 57 PETERSBURG FL 33712-5905 US 3. Date Incorporated or Qualified 38. Date of Business Mailing Address 6745 17TH ST S 57 PETERSBURG FL 33712-5905 US 3. Date Incorporated or Qualified 38. Date of Business	1581 SAPIT ABITA SAIS (801
ST PETERSBURG FL 33712 ST PETERSBURG FL 33712-5905 US 3. Date Incorporated or Qualified 3a. Date of St. Date of St	
3. Date Incorporated or Qualified 3a. Date of	
12/21/1993 03/	of Last Report 105/1996
2. Principal Place of Business 2s. Mailing Address 4. FEI Number 59-3230973	Applied For
Suite April # 20 BOX 5010	Not Applicable
22 S. Certificate or Status Desired	8.75 Additional Fee Required
	\$5.00 May Be
23 Spring Hill 28 Spring Hill Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation has liability for intengible tax 24 34611 25 US 29 34611 30 US Florida Statutes Yes 7 to 10 to	
24 34611 25 US 29 34611 30 US Florida Statutes L. Yes KIN 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Age	
81 Name	<u> </u>
PITTMAN, JAMES W JR Alfred D. Makuc B2 Street Address (P.O. Box Number is Not Acceptable)	
PTITMAN, JAMES W JR 62 Street Address (P.O. Box Number is Not Acceptable) 6745 17TH ST S 1 3375 Cortez Blvd.	
ST PETERSBURG FL 33712	
84 City Brooksville FL 8	Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chi 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 appoint	anging 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 appoint agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.	ment as registered
1 100/0	7
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DI	
''''	Change Addition
NAME DANGERFIELD, PHILIP 12 NAME Albert Allen	
STREET ADDRESS 6210 DEW POINT LANE 1.3 STREET ADDRESS 13326 Star Rd.	
CITY-SI-ZIP TAMPA FL 33625 14 CITY-SI-ZIP Brooksville, Fl. 34613	3
CITY-SI-ZIP TAMPA FL 33625 1.4 CITY-SI-ZIP Brooksville, Fl. 3461: V R DELETE 2.1 TITLE V	3 Change
CITY-SI-ZIP TAMPA FL 33625 ITILE V RIDELETE V RIDELETE V RICHARD WICHARD EAGAN NAME ALLEN, ALBERT 22 NAME Michael Eagan	3 Change
CHY-SI-ZIP TAMPA FL 33625 ITHE V K DELETE V NAME ALLEN, ALBERT 22 NAME STREET ADDRESS 13326 STAR RD 1.4 CITY-SI-ZIP Brooksville, Fl. 34617 2.1 TITLE V 2.2 NAME Michael Eagan 2.3 STREET ADDRESS 2925 Redwood Ave.	3 Change
CITY-SI-ZIP TAMPA FL 33625 1.4 CITY-SI-ZIP BROOKSVIIIE, Fl. 3461 ITILE V	Change Addition
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TAMPA FL 33625 Ititle V ALLEN, ALBERT SIREET ADDRESS CITY-ST-ZIP BROOKSVILLE FL TITLE S NAME PITTMAN, JAMES W LACITY-ST-ZIP BROOKSVILLE, Fl. 3461 2.1 TITLE V 2.2 NAME 2.2 NAME PLACETE Michael Eagan 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP DELETE 3.1 TITLE S ALFRED 3.2 NAME Alfred Makuc	Change Addition
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14. Loc 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 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. MAKUC 4/48/97 352-596-5607 SIGNATURE:

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP