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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name

208961

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Principal Place of Business Mailing Address							1 100HO HUM DE							
14919 NW 60TH AVENUE Gainesville FL 32606					14919 NW 60TH AVENUE GAINESVILLE FL 32606									
										3. Date Incorporated 01/10/1958		1	of Last R	,
2. Principal Place of Business				2a. Mailing Address					4. FEI Number				Applied For	
21				26				<b>59-0824951</b> Not Applicable						
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required						
City & State				City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees						
Z.p					Zip Country				8. This corporation has liability for intangible tax under s 199.032,					
24	9. Name and Address of Current			29		30				Florida Statutes Yes No				
	g, Name	and Address	of Current F	legis	tered Agent		81	Name		10. Name and Addre	ss of New R	egistered	Agent	· · · · · · · · · · · · · · · · · · ·
DODIN	000 5110	5/81 147					0.	INATIE						
ROBINSON, ELWYN W 14919 NW 60TH AVENUE							82	Street	Addres	dress (P.O. Box Number is Not Acceptable)				
	MAA DOILU	AVENUE					83	-						
32606													, <del></del>	
							84	Crty				FL	85   Zi	p Code
or registere	ed agent, or l	both, in the Sta	te of Florida.	Such	7.1508, Florida Statut i change was authoriz 0505, Florida Statutes	ed by the	ove-i corp	named or oration's	orporati board	on submits this stateme of directors. I hereby ac	nt for the pur cept the appo	pose of cha pose of cha pintment as	inging its r registered	registered office I agent. I am
SIGNATURE _	Stonature based of	or printed name of reg	stered arisel and	the if a	modican a RNF	Th Departer	d Age	of pionsture	ena iika al sul	hen reinstating)		DATE		
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TITLE	STD				☐ DELETE		TITLE		STD	<del></del>			Change	Addition
NAME	ROBIN	ISON, ELWYI	W W			12	NAME		• • •	•		•	-	
STREET ADDRESS 14919 NW 60TH AVENUE			VENUE			1 3 STR						÷		
CITY-ST-ZIP		SVILLE, FL (	00000		-	14	CITY - S	ST - ZIP	L					
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NAME	ROBINSON, SHIRLEY						22 NAME							
STREFT ADDRESS						23 STREE		ADDRESS		*				
CITY-ST-ZIP	GAINESVILLE, FL 00000						-	ST - ZIP				<u></u> _		
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NAME		ISON, E SCO					NAME				. *			
STREET ADDRESS		NW 60TH A	VE					T ADDRESS						:
CHY-ST-ZIP TITLE	GAINE	SVILLE FL			DELETE		CITY-S TITLE	ST - ZIP	<del> </del>				Change	Addition
NAME							NAME					L	Outs-tige	
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THILE					DELETE		TITLE	31 - 21					Change	Addition
NAME					<b></b>	5.2	NAME							
STREET ADDRESS								ADDRESS						
CITY-ST-ZIP								ST - ZIP	1					
TITLE					DELETE		TITLE						Change	Addition
NAME						62	NAME		1			_		
STREET ADDRESS						63	STREET	ADDRESS						
CITY-ST-ZIP								ST - ZIP	<u></u>					
<ol> <li>14. I do hereby certify that</li> </ol>	certify that	the information ion indicated or	supplied with this annual	n this record	filing is voluntarily furn	ished and	d doe	s not qua	alify for I	the exemption stated in and that my signature st	Section 119.	07(3)(k), Flo	rida Statut	es. I further

construction in the contraction of this attribute epoil of supplemental arminal 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 76 if changed, or on an attachment with an address.

Shirley Robinson