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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 211384

(3)

F.H. B	OLTON, INC.					
rincipal Place	of Business	Mailing Address	shooth the single-		 	I HILIK DIBAL IILI
RT. 2 BOX 227-B PERRY FL 32347 US		RT 2 BOX 227-B PERRY FL 32347 US				
				3. Date Incorporated or Qualified 3a. Date of Last Report		eport
				04/17/1958	03/16/19	
. Principal Pa	ace of Business	2a. Mailing Address		4. FEI Number	├	Applied For
		26		59-1055812		Not Applicable
Surte, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7 7 7 7 7	Additional Required
City & State		City & State		6. Election Campaign Financing	\$5.0	0 May Be
		28		Trust Fund Contribution		d to Fees
Zψ	Country	Zip	Country	8. This corporation has liability for	intangible tax under s No	199.032,
]	g_ Name and Address of Cur	29	[30]	Florida Statutes Yes 10. Name and Address of New F		
	g. Name and Address of Cur	rent negistered Agent	81 Name	10, Harris and Addition of New Y	iogiction in general	
00.70	N LAVEDNE D			ID C. Com Municipality Blad Accordal	ala\	
	N, LAVERNE P.		82 Street Add	fress (P.O. Box Number is Not Acceptab	ж	
	MAIN STREET FL 32347		83			•••
PERRI	FL 32341		04 0		85 Z	p Code
			84 City		FL S	p code
1. Pursuant t or register familiar wil	o the provisions of Sections 607.09 ed agent or both, in the State of Fi th, and accept the obligations of S	502 and 607.1508, Florida Statu lorida: Such change was authori ection 607.0505, Florida Statute	ites, the above-named corporation's boats. S	oration submits this statement for the pul and of directors. I hereby accept the app	pointment as registered	d agent. I am
familiáz Wil acsidaturas	th, and accept the obligations of S	gent and the frapolicable (N	IOTE: Registered Agent signature requir	ed when reinstating:	DATE	
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certify that the information indicated on this annual report or supplemental annual report is due and accurate and that my signature shall have the same legal effect as in made under oath; that than 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #