4.23.97 B - 5288 - C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

| | JAL REPORT 1997 | | Socretary of State DIVISION OF CORPORATIONS | | | Secretary of State | | | | | |
|----------------------------|--|---------------------------------------|--|-----------------------|---|--------------------------------|----------------------|--------------------|--------------------|--------------|------------|
| | MENT # 22518 & HARRIS, INC. | 80 (9) | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | 100 HANG 1683 6 1161 | 110 H4 48 111 BA11 B | nań skil bid | . | Riggs sam | |
| Principal Plac | | Mailing Address | Mailing Address 444 E CENTRAL AVE PO BOX 918 WINTER HAVEN FL 33880-3050 | | | | | | | | |
| PO BOX 918 WINTER HAVEN | | PO BOX 918 | | | | Date Incorporated or Qualified | | | | | |
| 2. Principal F | lace of Business | 2a. Mailing Address | | | 06/2 | 24/1959 Number | | | 6/1996 | oplied For | - |
| 21 | | 26 | | | 59 | -0869141 | | | No | t Applicable | |
| Suite, Apt. | #, etc | Suite, Apt. #, etc 27 | >. | | 5. Cer | tificate of Status | Desired | | \$8.75 / Fee Re | | 1 |
| City & Stat | е | City & State | , | | | tion Campaign F | | | \$5.00 Added | |] |
| Zір 24 | Country 25 | Zip 29 | Cοι 30 | intry | | corporation has | liability for i | ntengible t Yes | lax under s. | . 199.032, | 1 |
| | 9. Name and Address of Cu | rrent Registered Agent | | | 10. Nar | ne and Address | of New Re | gistered A | gent | | |
| WITC | CHER, RICHARD L. | | | 81 Name | | | | | | | |
| 444 | e. Central ave. | | 82 Street | Address (P.O. I | Box Number is N | ot Acceptab | le) | | | 1 | |
| WIN | TER HAVEN FL 33880 | | | | | | | | | | 4 |
| | | | | 63 | | | | | | | ١ |
| | | | | 84 City | | | | FL | 85 Zip | Code | ٦ |
| 11 Pursuant | to the provisions of Sections 607. | 0502 and 607 1508 Florida 5 | Statutes the a | hove-named | corporation sul | mits this statem | ent for the n | | changing it | s registered | + |
| office or i | registered agent, or both, in the Sam familiar with, and accept the ol | State of Florida. Such change | was authorize | d by the corp | poration's board | of directors. I h | ereby accep | of the appo | ointment as | registered | |
| • | am iamiliai with, and accept the o | edigations of Section 607.050 | A, FIDRIDA SIA | .uies. | | | | | | | |
| SIGNATURE | Stocation Typed or printed name of registere | ed agent and title it applicable. | (NOTE: Registere | d Agent signature | required when reinst | aling) | | DATE | | | ╛. |
| 12. | V | AND DIRECTORS | 13. | | | TIONS/CHANGE | S TO OFFIC | | | | ∃ { |
| TOLE | P POULD BOULDS | ☐ DELET | B | | Di la ha | - Mario | nie S. | | Change | Addition | Ş |
| NAME | WITCHER, RICHARD 444 EAST CENTRAL AVE. | | 1.2 N | | Udd 6 | - Marjo Centro | 1 Ave | | | | Ş |
| STREET ADDRESS | WINTER HAVEN, FL. 00000 | | 1 | TREET ADDRESS | Winter | Haven | FL 3 | 3850 | | | į |
| CHY-ST-ZIP TOLE | D | DELET | | TY-ST-ZIP | *************************************** | (1-00-1 | | | Change | Addition | ⊣ફ |
| NAME | FRAKES, TOM R. | | 2.2 N | | | | | , | | | |
| STREET ADDRESS | AAA C OCAMONI AMERIKA | | | TREET ADDRESS | | | | | | | |
| CHT+ST-ZIP | WINTER HAVEN FL | | • | CITY-ST-ZIP | | | | | | | |
| THUE | | DELET | | | · · · · · · · · · · · · · · · · · · · | | | | Change | Addition | 7 |
| NAME | | | 3.2 N | AME | | | | | مميد | | |
| STREET ADDRESS | | | 3.3 S | TREET ADDRESS | | | | | | | |
| CHTY-ST-Zif | | · · · · · · · · · · · · · · · · · · · | | ITY - ST - ZIP | | | | | | 111 | 4 |
| TITLE | | ☐ DELET | | | | | | į | Change | Addition | |
| NAME CLOSEL ADDRESS | | | 4.2 h | IAME Treet address | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | } |
| Title | | DELÉT | **** | ITY-ST-ZIP TLE | ļ | | | | Change | Addition | \dashv |
| NAME | | | 5.2 N | | | | | | | | |
| STREET ADDRESS | | | | TREET ADDRESS | | | | | | | |
| CHY-S1-7IP | | | | ITY-ST-ZIP | l | | | | | | |
| THLE | | DELET | | | | | | | Change | ☐ Addition | 7 |
| NAMÉ | | | 6.2 N | AME | | | | | | | |
| STREET ADDRESS: | | | 635 | TREET ADDRESS | l | | | | | | 1 |

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). Fiorida 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 607, Florida Statutes; and that my name appears in Block 12 or

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Apr 23 1997 8:00am