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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

SIGNATURE:

(7)

Principal Place of Business  Mailing Address  505 66TH AVE. SW P O BOX 2488  P O BOX 2488						
VERO BEACH FL 32961		VERO BEACH FL 32961		3. Date incorporated or Qualified 3a. Date of Last Report 07/16/1959 04/04/1995		
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number		Applied For
Timespary sees or seesmoss		26		59-0850505		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	+	5 Additional Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zip	Country	8. This corporation has liability for in		
	25	29	30	10. Name and Address of New R		
	9. Name and Address of Current	Lichiotoron Wholie	81 Name			
LAMBETH, GEORGE S. JR. 1455 48TH COURT VERO BEACH FL 32960			83	ress (P.O. Box Number is Not Acceptab		Zin Code
			84 City		FL  85  7	Zip Code
GNATURE Signature, typod or printed name of registered agent a OFFICERS AND			IOTE Registered Agent signature require	ad wher reinstating) ADDITIONS/CHANGES TO OFF	DATE  ICERS AND DIRECT  Change	
ITLE NAME STREET ADDRESS	PD Lambeth Jr,George S 1455 48th Court	<u>ר</u> ן טבנבונ	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		L. Change	,
ITY - ST - ZIP	VERO BEACH FL	☐ DELETE	1.4 CITY - ST - ZIP		Change	e [1] Addition
TLE Ame Treet address	VP LAMBETH, SCOTT W. 1405 46TH AVE	[] becese	2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS			
ITY-ST-ZIP	VERO BEACH FL		2.4 CITY - ST - ZIP		☐ Chang	e
TLE AME	t Lambeth, scott W.	☐ DELETE	3.1 TITLE 3.2 NAME		Опалу	
REET ADDRESS	1405 46TH AVE		3.3. STREET ADDRESS			
TY-ST-ZIP	VERO BEACH FL		3.4 CITY-ST-ZIP		□ n	e Addition
TLE	\$	☐ DELETE	4. 1 TITLE		☐ Chang	e Nagarion
AME	JENKINS, JUDY		4.2 NAME			
TREET ADDRESS	7304 CABANA LANE		4.3 STREET ADDRESS			
ITY-ST-ZIP	FT PIERCE FL	DELETE	4.4 CITY - ST - ZIP 5. 1 TITLE		Chang	e Addition
TLE		C) precie	5.2 NAME			_
ame Treet address			5.3 STREET ADDRESS			
ITY-ST-ZIP			5.4 CITY-ST-ZIP			
TLE		☐ DELETE	6. 1 TITLE		Chang	je 🔲 Addition
IAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
			64 CITY-ST-ZIP			177. 17.0
14. I do hereb certify that oath; that appears in	y certify that the information supplied the information indicated on this ann I am an officer or director of the corpo Block 12 or Block /3 if changed, or	with this filing is voluntarily fu ual report or supplemental ar oration or the receiver protrus on/an attachment with an ag	imished and does not qualify noual report is true and accu- tee impowered to execute the cost.	for the exemption stated in Section 115 rate and that my signature shall have the his report as required by Chapter 607, F	e.o7(3)(F), Florida Sta e same legal effect a Florida Statutes; and	nutes, i furrier is if made unde that my name