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FILED  
Mar 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 227966

(9)

1. Corporation Name  
LONG THIRTY CORP



Principal Place of Business  
P.O. BOX 65  
POINSETTIA AVE. E. OF 3RD ST.  
ALTURAS FL 33820

Mailing Address  
P.O. BOX 65  
POINSETTIA AVE. E. OF 3RD ST.  
ALTURAS FL 33820-0065

3. Date Incorporated or Qualified 09/15/1959	3a. Date of Last Report 04/10/1996
4. FEI Number 59-0889503	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERDUE, J W  
POINSETTIA AVE. E. OF 3RD ST.  
ALTURAS FL 33820

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Note: If the principal place of business is not in the State of Florida, the signature of the registered agent is required when reinstating.)

(Note: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE PD	<input type="checkbox"/> DELETE
2. NAME PERDUE, J W	
3. STREET ADDRESS POINSETTIA AVE E OF 3 ST	
4. CITY, ST, ZIP ALTURAS FL	
5. TITLE SD	<input checked="" type="checkbox"/> DELETE
6. NAME PERDUE, RUTH M	
7. STREET ADDRESS POINSETTIA AVE E OF 3 ST	
8. CITY, ST, ZIP ALTURAS FL	
9. TITLE	<input type="checkbox"/> DELETE
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> DELETE
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> DELETE
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> DELETE
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	

1.1 TITLE S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME SUSAN E. DONAHUE	
1.3 STREET ADDRESS 2065 FLAMINGO DRIVE	
1.4 CITY, ST, ZIP BARTOW, FL 33830	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

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), 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 this 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 of changed, or on an attachment with an address.

SIGNATURE:

*J. W. Perdue*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 2-13-97  
Date

Telephone #

CR2E034 (9/96)