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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 230138

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ncipal Place o	CKSONVILLE RD.	Mailing Address 1904 NE JACKSONVILL	LE RD.					
OCALA FL 3	2670	OCALA FL 32670			3. Date Incorporated or Qualified	3a. Date	of Last Re	port
					11/13/1959		1/24/19	
Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number 59-0880329		⊢	oplied For
 Suite, Apt. #		26 Suite, Apt. #, etc.			39 0000328		 _	lot Applicable
Jones, rapic #	, cic	27			5. Certificate of Status Desired		•	Additional Required
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
		[28]	T 01-		Trust Fund Contribution			to Fees
Zφ+	Country 25	Zip 29	Countr 30	у	This corporation has liability for Florida Statutes	intangible ta No	ax under s	199.032,
	9. Name and Address of Curr	and the state of t	1221		10. Name and Address of New F		Agent	
			81	Name				
	RY, LARRY R		82	82 Street Address (P.O. Box Number is Not Acceptable)				
OCALA	E JACKSONVILLE RD.		83	1		*****		
OUALA	311/0							
			84	1 City		FL	85 Zıç	Code
Pursuant to or registers	o the provisions of Sections 607.05 ed agent, or both, in the State of Flo	02 and 607,1508, Florida Statute orida. Such change was authorize	s, the above	named corpor poration's boa	ration submits this statement for the puring of directors. I hereby accept the app	rpose of cha	anging its registered	egistered offici agent. I am
familiar with	h, and accept the obligations of, Se	ection 607.0505, Florida Statutes.						
NATURE .	Signature, typers or printed name of registered ag	jent and title it approats (NOT	E Registered Ag	ont signature require	ed when reinstating)	DATE		
		pert and tille it approatie INOT AND DIRECTORS	E Registered Ag	ont signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
	OFFICERS A	AND DIRECTORS				ICERS AND	DIRECTO	RS IN 12
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL OF FICER OR DIRECTOR

1/25/96_{Date}

352-622-3278
Daytime Phone #