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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Principal Place of Business Mailing Address ** W. P. SHELLEY, JR 506 SOUTH RIDE TALLAHASSEE FL 32303 2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 3. Date incorporated or Quarticle 1. [2/23/1959] 3. Date incorporated or Quarticle 3. Date of Last Report 1. [2/23/1959] 3. Date incorporated or Quarticle 3. Date of Last Report 1. [2/23/1959] 3. Date incorporated or Quarticle 3. Date of Last Report 3. Date incorporated or Quarticle 3. Date of Last Report 3. Date incorporated or Quarticle 3. Date of Last Report 3. Date incorporated or Quarticle 3. Date of Last Report 3. Date incorporated or Quarticle 3. Date of Last Report 3. Date incorporated or Quarticle 3. Date of Last Report 3. Date incorporated or Quarticle 3. Date of Last Report 3. Date incorporated or Quarticle 3. Date of Last Report 3. Date incorporated or Quarticle 3. Date of Last Report 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 1. Trust Fund Contribution 1. Financial Status Desired 3. Date of Last Report 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 1. Trust Fund Contribution 1. Status Desired 3. Date of Last Report 4. FEI Number 5. Certificate of Status Desired 6. Election Campaign Financing 1. Trust Fund Contribution 1. Name and Address of New Registered Agent 3. Date incorporation is Last Report 4. FEI Number 5. Certificate of Status Occurrent 6. Election Campaign Financing 1. Trust Fund Contribution 1. Name and Address of New Registered Agent 1. Name and Address of New Register	
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Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State 28 Zip Country 29 Name and Address of Current Registered Agent SHELLEY, W. P., JR. 506 SOUTH RIDE TALLAHASSEE FL 32303 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Dosired Fee Required 6. Election Campaign Financing Trust Fund Contribution Fee Required Country Sheller, W. P., Jr. Suite, Apt. #, etc. 5. Certificate of Status Dosired Fee Required Country Shouth Contribution Fee Required Country Shouth Country Shouth Country Shouth Ribe Tallahassee FL 32303 Suite, Apt. #, etc. 5. Certificate of Status Dosired Fee Required Country Shouth Contribution Fee Required Country Shouth Contribution Fee Required Country Shouth Contribution Fee Required Shouth Contribution Fee Required Country Shouth Contribution Fee Required Shouth Contribution Fee Required Fee Required Shouth Contribution Fee Required Fee Required Shouth Contribution Fee Required Fee Required Fee Required Shouth Contribution Fee Required Fee Required Shouth Contribution Fee Required For Shouth Contribution Fee Required Fee Required Fee Required For Shouth Contribution Fee Required Fee Required For Shouth Contribution Fee Required Fee Required For Shouth Contribution Fee Required For Shouth Cont	
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TALLAHASSEE FL 32303 84 City FL 85 Zip Code	
 	
or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ice
SIGNATURE	
Signature, typed or printed name of registered agent and their diapplicable (NOTE: Begistered Agent signature requires what is resident) (ADE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	(£
TITLE PD DELETE 1.1 TITLE Change Addition	$\exists \xi$
NAME SHELLEY, JR W P 1.2 NAME	[2
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City-S1-ZiP TALLAHASSEE, FL 0 1.4 City-S1-ZiP	
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STREET ADDRESS 37848 E BOUGAINVILLIA 23 STREET ADDRESS	
CITY-ST-ZIP DADE CITY FL 24 CITY-ST-ZIP TITLE VD DELETE 3 1 TITLE Change Addition	
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14. I do hereby certify that the information supplied with this filing is voluntarily furn-shed and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I furthe 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 und	r

SIGNATURE AND TYPED OR PAIN NAME OF SIGNING OFFICER OR DIRECTOR PD Jan 17, 1996 904-385-2521