FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 233995

(0)

FILED May 08 1997 8:00am Secretary of State

| Principal Place of Business Mailing Address HWY 73 B. RT 1 BOX 333 ALTHA FL 32421 Mailing Address HWY 73 B. RT 1 BOX 333 ALTHA FL 32421-3614 | | | | | | | |
|---|--|---------------------|----------------------|---------------|--|-------------------------------------|------------------------------|
| | | | | | 3. Date Incorporated or Qualified | 3a. Date of Las | • |
| | | | | | 03/03/1960 | 03/05/199 | |
| ⊢ · | l Place of Business | 2a. Mailing Address | | | 4. FEI Number | <u> </u> | Applied For |
| Suite A | pt #, etc | Suite, Apt. #, etc. | | | 59-0968395 | - ¢9.7 | Not Applicable 5 Additional |
| 22 | , C. W., C. C. | 27 | | | 5. Certificate of Status Desired | 1 1 7 | Required |
| City & S | tate | City & State | | | 6. Election Campaign Financing | | O May Be |
| 23] | Country | 28 Zip | Count | r | Trust Fund Contribution | | ed to Fees |
| Z p | 25 | 29 | 30 | у | 6. This corporation has liability for it Florida Statutes | ntangible tax unde] Yes : [] No | r s. 199.032, |
| 24 | 9. Name and Address of Curre | | [30] | | 10. Name and Address of New Reg | | |
| u | | | 8 | 1 Name | | | |
| WILLIAMS,KENNETH P 7988 11 AVE. SO. | | | | 0 0 0 0 0 0 0 | Para (D.O. Double in New Jacobskie) | | |
| ST PETERSBURG FL 33707 | | | 8 | ZI Street Add | ess (P.O. Box Number is Not Acceptable) | | |
| • | T L LILINGDONG TE GOTO | | 8 | 3 | | | |
| | | | 8 | 4 City | | - 85 Z | ip Code |
| | | | | 1 | | FLI | • |
| agent SIGNATUR | | | | | poration submits this statement for the p ation's board of directors. I hereby accep ired when reinstains) | DATE | as registered |
| 12. | | ND DIRECTORS | 13, | | ADDITIONS/CHANGES TO OFFIC | | ORS IN 12 |
| TiltE | PD | DELETE | 1,1 TITLE | | | ☐ Chang | e Addition |
| NAME | WILLIAMS,KENNETH P | | 1.2 NAM | : | | | |
| STREET ADDRES | 1 | | 1.3 STRE | ET ADDRESS | | | |
| (HY-\$1-76) | ST PETERSBURG FL | | 1.4 C(TY | -ST-ZIP | | | |
| 1:10 E | ST | DELETE | 2.1 TITLE | | | [_] Chang | e 🔲 Addition |
| NAME | WILLIAMS, NELL F. | | 2.2 NAM | | | | |
| STRLET ADDRES | , | | | ET ADDRESS | | | |
| CITY - S1 - ZIP | ST PETERSBURG FL | DELETE | | -ST-ZIP | | Chang | e Addition |
| TATLE | VP CTARVO MATURNIA | רין טבנבוג | 3.1 1171.6 | ì | | L. Criang | e Managa |
| NAME STORES ASSOCIATION | STARKS, KATHRYN A. 501-116TH AVE NO | | 3.2 NAM | | | | |
| STREET ADDRES | ST PETERSBURG FL | | | ET ADDRESS | | | |
| 1 111 | VP | DELETE | 4.1 TITLE | -ST-ZIP | | ☐ Chang | e Addition |
| NAME | CUNNINGHAM, KIMBERLY A | _ | 4. 2 NAM | | | | |
| STREET ADDRES | | м | · · | ET ADDRESS | | | |
| CITY-St-ZIP | SEMINOLE FL | | 4.4 CITY | | · | | |
| TITLE | | DELETE | 5.1 TITLE | | | Chang | e 🔲 Addition |
| NAME | | | 5.2 NAM | į . | • | | |
| STREET ADORES | 58 [| | 53 STRE | ET ADDRESS | | | |
| CHY ST-ZP | [| | 5.4 CITY | į į | • | | |
| mu | | DELETE | 6.1 TITLE | | | ☐ Chang | e 🔲 Addition |
| NAME | (| | 6.2 NAM | ≨ | | | |
| STREET ADDRES | | | | | | | |
| | SS | | 6.3 STRE | ET ADDRESS | | | |
| C:TY - ST - ZiP | 55 | | 6.3 STRE 6.4 CITY | | | | |

Too hereby dendy that the midinfation supplied with this fining does not qualify for the exemption stated in Section 118.07(3)(f). Profice statutes. Truther certify that the referred to this annual report or suppliemental 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 13 if charged, or on an attachment with an address.

4-2**8-**97 (904),762-8263