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 # 235964

(4)

FILED May 01 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 206 SE 41ST AVENUE OCALA FL 32671 POREST IMPROVEMENT COMPANY, INC. Mailing Address 206 SE 41ST AVENUE OCALA FL 32671 OCALA FL 34471-3173								
					3. Date incorporated or Qualified 05/02/1960		e of Last R	eport
	Place of Business	2a. Mailing Address		·· ··· 	4. FEI Number	1	Ar	oplied For
Suite, Apt	t # nte	Suite, Apt. #, etc.		······································	59-6064752			ot Applicable Additional
22	(n, 6tt)	27			5. Certificate of Status Desired			Additional equired
City & Sta	ate	City & State			6. Election Campaign Financing		\$5,00	May Be
23	O contain	28			Trust Fund Contribution			to Fees
2(g)	Country 25	Zip 29	Count 30	ry	This corporation has liability for it Florida Statutes		ax under s No	. 199.032,
	9. Name and Address of Curren		1301		10. Name and Address of New Re		7,000	
MIDDLETON, JAMES F				1 Name				
206 S E 41ST AVENUE			8	2 Street Add	ress (P.O. Box Number is Not Acceptab	ile)		
00	CALA FL 34471		8	3			· · · · · · · · · · · · · · · · · · ·	
			Ĺ					
			8	4 City		FL	85 Zip	Code
SIGNATURE		of and tale if applicable. (NC			poration submits this statement for the pation's board of directors. I hereby acception when reinstating) ADDITIONS/CHANGES TO OFFICE	DAYE		
TOLE	P	DELETE	1,1 TITLE	<u> </u>	ADDITIONS/OFFANGES TO OFFIC		Change	Addition
NAME	MIDDLETON, JAMES F		1.2 NAM	E				
STREET ADDRESS			1.3 STRE	et address				
CITY-ST-7:P	OCALA, FL 00000 34471	- Drifts	1,4 CITY	····			Charas	- Addition
TITLE NAME	ST MIDDLETON, ANN H	DELETE	2.1 TITLE 2.2 NAM	ì		ι	Change	Addition
STREET ADDRESS	AND DE MARY ALPHANIE		1	ET ADDRESS				
CITY - ST - ZIP	OCALA, FL 00000 34471			-ST-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE			T	Change	Addition
NAME	KNOBLOCK, NANCY G.		3.2 NAMI		, The state of the	7.5		
STHEET ADDRESS	1			ET ADDRESS				
CITY-SF-ZIP TITLE	OCALA, FL 00000 34471	DELETE	3.4. CITY 4.1 TITLE	-ST-ZIP		 1	Change	Addition
NAME		Paris Comments	4. 2 NAV	1		•		
STREET ANDRESS	;			ET ADDRESS				
CHY-ST-ZIP			4.4 CHY			······································		
THLE		☐ DELETE	5.1 TITLE			[Change	Addition
NAME			5.2 NAM					
STREET ADDRESS OFFV-S1-ZIP				ET ADORESS				
TIBLE		DELETE	54 CITY 61 TITLE				Change	Addition
NAME			6.2 NAM			•		
STREET ADORESS	5			ET ADDRESS				
CHY. ST-7IP			64 CITY					

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 o rector 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 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE:

IGNATION AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

4/18/97 352/694-4281