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• PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 288549

(9)

FILED Apr 02 1997 8:00am Secretary of State

Principal Plat 102 HEMLOCI PERRY FL 32		Mailing Address 102 HEMLOCK DR. PERRY FL 32347-5905			
				3. Date Incorporated or Qualified	3a. Date of Last Report
				01/13/1965	03/15/1996
"1 '	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite: Ant #. etc		Suite, Apt. #, etc.	·····	59-1088958	Not Applicable \$8.75 Additional
Contr. Apr. #, Oto		30 te, Apt. #, 8tc.		5. Certificate of Status Desired	Fee Required
City & Sta	'e	City & State	·	6. Election Campaign Financing	\$5.00 May Be
3]		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
<u> </u>	25 9, Name and Address of Current		30	Florida Statutes 10. Name and Address of New Reg	Yes No No
	** ***********************************	vedistateo võent	81 Name		
	.umgardner,freeman r 2 Hemlock dr.		L B	aum gadner 6u tress (P.O. Box Number is Not Acceptab	neygo MN
	RRY FL 32347		82 Street Add	D 2 Hem lock Not Acceptable	nie) (
1 -	1411 12 32347		63		
		٠	84 City		85 Zip Code
•				em	FL 32347
office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State o	of Florida Such change was a	uthorized by the corpora	poration additional and a state of the p	at the appointment as registered
🖡 agent Li	41 67 -	ions of, Section 607.0505, Flo	rida Statutes.	ation's poard of directors, thereby accep	12/92
⊫ agent Li ilGNATURE	XBuendolyn Baun Stephenie typed or printed fine or registered agent	ions of, Section 607.0505, Flo	rida Statutes. : Rogistered Agent signature requ	alred when reinstating!	17/97
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I. Los 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 armual 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 the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SWARTURE AND TYPE OF PRINTED NAME OF SKAMPA OFFICER ON DIRECTOR

GWENDOLYN BAUMOHRD NEK

3-27-97

(904) 584-5537

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