

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 304683 (6)**

1. Corporation Name

**AYAVALLA CORP INC**



Principal Place of Business

Mailing Address

~~COUNTY ROAD 12~~  
~~PO BOX 3048~~  
**TALLAHASSEE FL 32315**

~~COUNTY ROAD 12~~  
~~PO BOX 3048~~  
**TALLAHASSEE FL 32315**

3. Date Incorporated or Qualified  
**05/02/1966**

3a. Date of Last Report  
**07/05/1995**

2. Principal Place of Business  
21 **3110 Capital Circle NE**

2a. Mailing Address  
26 **3110 Capital Circle NE**

4. FEI Number  
**59-1223735**

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 **Second Floor**

Suite, Apt. #, etc.  
27 **Second Floor**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State  
23 **Tallahassee, FL**

City & State  
28 **Tallahassee, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip  
24 **32308**

Country  
25 **USA**

Zip  
29 **32308**

Country  
30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANE, W H**  
~~COUNTY ROAD 12~~  
**TALLAHASSEE FL 32312**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3110 Capital Circle NE**  
83 **Second Floor**  
84 City  
**Tallahassee**  
85 Zip Code  
**FL 32308**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and true if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	<b>D</b>	<b>PHIPPS, JOHN E</b>	<b>ORCHARD POND PLANTATION</b>	<input type="checkbox"/>
		<b>TALLAHASSEE FL</b>		
	<b>S</b>	<b>LANE, W. H.</b>	<b>3919 LAKEVIEW DR.</b>	<input type="checkbox"/>
		<b>TALLAHASSEE FL</b>		
	<b>D</b>	<b>BOYLE, DENNIS O.</b>	<b>3078 SHAMROCK N.</b>	<input type="checkbox"/>
		<b>TALLAHASSEE FL</b>		
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**W. H. Lane**

**6/11/96**

**904/297-6082**

CR2E034 (3/96)