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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT #

(2)

COULTABILICE INC

SOUTTIN	iipge, iito.								
Principal Place	of Business	Mailing Address	Mailing Address				FIELD BOOK BARK		
800 E. EUCLID P.O. BOX 546 DELAND FL 327		800 E. EUCLID AVE. P.O. BOX 546 DELAND FL 32721-05							,
						3. Date Incorporated or Qualified 09/25/1967	3a. Date 0		eport
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For			
21		26	· 4 · · · · · · · · · · · · · · · · · ·			59-1172245 Not Applicable			
Suite, Apt.:	#, etc.	Suite, Apt. #, etc	h-many			5. Certificate of Status Desired		8.75 A Fee Re	Additional quired
City & State	3	City & State	City & State			Election Campaign Financing Trust Fund Contribution	П	\$5.00	
Zip	Country	Zip				Trust Fund Contribution			
24	25	29	30			Florida Statutes Yes No			199.002.
	9. Name and Address of Cur					10. Name and Address of New Re-	istered Age	nt	
GAR	DNER, RICHARD M			81	Name				
800	E EUCLID AVE			82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
UEU	NND FL 32720			83		<u> </u>			
				84	City		FL	5 Zip C	Code
11 Duguent	to the exemision of Continue 607	0500 and 607 1509 Florida 9	Profession the e		named cores	pration submits this statement for the p	, m man-	anging is	c registered
office or re	egistered agent, or both, in the Si	tate of Florida. Such change:	was authorize	d by I	the corporation	on's board of directors. I hereby accep	the appoint	ment as	registered
agent. I a	m familiar with, and accept the of	bligations of, Section 607.050	15, Florida Stat	tutes.					
SIGNATURE	Signature, Typed or printed name of registered	d agent and title it and icable.	(NOTE: Registere	d Agen	t signature regulred	d when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		RECTOR	S IN 12
TITLE	\$ DELETE		E 1.1 TI	1.1 TITLE				Change	Addition
NAME	GARDNER, E		1.2 NAME						
STREET ADDRESS	201 ELM DRIVE		1.3 STREET		DDRESS				
CITY-SI-ZIP	LIGONIER, PA 00000		1.4 C	1.4 CITY - ST - ZIP					
TITLE	VPT			ITLE				Change	Addition
NAME	GARDNER, R.M.		2.2 NAME		. [
STREET ADDRESS	800 E EUCLID AVE		2.3 ST		NDORESS				
CITY-ST-ZIP	DELAND, FL 00000			2.4 CITY-ST-ZIP		1,\$			1.100
TITLE	P	☐ DELET					L	Change	Addition
NAME	GARDNER, W M		3.2 N		ļ				ļ
STREET ADORESS	201 ELM DRIVE			3.3 STREET AODRESS					
CITY-\$1-ZIP	The state of the s			3.4. CITY-SY-ZIP 4.1 TITLE				Change	Addition
TITLE		L. DECE						Oriange	L. Apoliton
NAME			1	NAME	ADDRESS				ſ
STREET ADDRESS									
CITY-ST-ZIP TITLE		DELET		ITY-ST	+41F			Change	Addition
NAME		Las office	5.2 N						
STREET ADDRESS					ADORESS				<u></u>
CITY - S1 - ZIP									
TITLE				4 CITY+ST-ZIP 1 TITLE				Change	Addition
NAME				IAME	}			•	
STREET ADDRESS					ADDRESS				
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6.4Cfty-SI-ZIP

14. If 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 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, I made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

Feb 18 1997 8:00am

Secretary of State