SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Aug 07 1997 8:00am Secretary of State

DOCU 1. Corporation	MENT # 330	675 (0)			
	ER TOM'S FLORIDA FE				
Principal Plac	ce of Business	Mailing Address			
2212 S W 13 ST 2212 S W 13 ST					
GAINESVILLE	E FL 32 601	GAINESVILLE FL 32601			
				DO NOT WRITE	
				Date Incorporated or Qualified 05/28/1968	3a, Date of Last Report 07/11/1996
2, Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1269041	Not Applicable
├─ ─		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	to the second se	27		S. Commodic St States Scotted	Fee Required
City & Stat		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pai	
24	25 Name and Address of	29 Current Registered Agent	30	Personal Property Tax due June 10. Name and Address of New Reg	
W	AGNER, JOHN M.	Content Hegistered Agent	81 Name	10. Name and Address of New Reg	gistered Agent
630 NW 1ST AVE.				ress (P.O. Box Number is Not Acceptab	1-3
HIGH SPRINGS FL 32643			83	ress (F.O. Box Number is Not Acceptab	ie)
			63		
			84 City		FL 85 Zip Code
11. Pursuant office or a	to the provisions of Sections 6 registered agent, or both, in the am familiar with, and accept the	07.0502 and 607.1508, Florida Statu e State of Florida. Such change was e obligations of Section 607.0505. F	tes, the above-named corp authorized by the corpora lorida Statutes	poration submits this statement for the polition's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of regis	stered agent and title if applicable. (NO RS AND DIRECTORS	TE Registered Agent signature requi		DATE
TITLE	STD	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
NAME	HENDERSON, GLORIA		1.2 NAME		C ounde C vortion
STREET ADDRESS	4129 NW 10TH STREET	Т	1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		
TITLE	PD	DELETE	2.1 TITLE		Change Addition
NAME	HENDERSON, THOMAS	3 F.	2.2 NAME		
STREET ADDRESS	4129 NW 10TH STREET	Т	2.3 STREET ADDRESS		į
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP		
TITLE		DELETE	31 TITLE		Change Addition
NAME PERSON ARRAGON			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		
NAME		_ better	4.1 TOTLE		☐ Change ☐ Addition
STREET ADORESS			4. 2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ou castify that the information of		6.4 CITY-ST-ZIP		

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 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 12 or Block 13 if changed, or on an attachment with an address.