| COF  | PROFIT RPORATION UAL REPORT 1996  | FLORIDA DEPA<br>Sandra<br>Secret   | S \$225.00  IRTMENT OF STATE. B. Mortham ary of State CORPORATIONS |   |  |
|--|---|--|--|---|--|
| DOCU<br>1. Corporatio  |   | l (7)  |  |   |  |
|  |   |  |  | 1 100,00 11,000 11,000 12,000 12,000                      |  |
| Principal Place<br>2529 SE 17<br>OCALA FL  | 7TH ST.   | Mailing Address<br>SYAB<br>2109 S.E. 12TH STREI<br>OCALA FL 34471-5523<br>US |  | 3. Date incorporated or Qualified 07/22/1968              | 3a. Date of Last Report 05/01/1995             |
| 2. Principal P   | lace of Business  | 2a. Mailing Address  |  | 4. FEI Number   | Applied For                                    |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.  |  | 59-1231957  5. Certificate of Status Desired              | Not Applicable  \$8.75 Additional              |
| City & State   | е   | Orly & State   |  | Election Campaign Financing                               | Fee Required                                   |
| <b>23</b><br>Ζιρ   | Country   | 28   |  | Trust Fund Contribution                                   | \$5.00 May Be<br>Added to Fees                 |
| 24   | 25<br>9. Name and Address of Current  | Zip<br><b>29</b>   | Gountry 30   | 8. This corporation has liability for in Florida Statutes |  |
| 101 NO<br>OCALA  | BEN JR. DRTHWEST THIRD STREET  FL 32670  to the provisions of Sections 607,0502 a red agent, or both, in the State of Florida, th, and Becept the obligations of Sections | nd 607 1508, Florida Statute<br>Suur change was authorize                    | 83 City COC  | 10  | El 85 Zip Code                                 |
| signature  | alou /  | 1,0505 Florida Statutes.   | ,                            | 4-14-   | 862  |
| 12.  | OFFICERS AND I  |  | E. Registered Applet signature recipited v. 13.                    | wher reinstatings  ADDITIONS/CHANGES TO OFFICE            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PD<br>CLEMMONS, NELLE BAYS (<br>2109 S E 12TH ST<br>OCALA, FL 00000   | Decensed)<br>La 26-95  | 1 1 THLE 12 NAME 13 SIREET ADDRESS                                 | of 3. Stellart<br>on SE 19th St<br>alg FL 34471           | Change Addition 12 27.98 Change Addition 27.99 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | D<br>CLEMMONS, DONALD RED<br>2109 S E 12TH ST<br>OCALA, FL 00000  | [YOTLETE   | 0.4 1010 6   | tate of nelle Buy   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ DELETE   | 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-S1-ZIP                 |   | Change Addition                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ D£LETE   | 4 1 TIFLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY- ST-ZIP             |   | Change Addition                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | DELETE   | 5 VITTLE 52 NAME 53 STREET ADDRESS                                 |   | Change Addition                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | y certify that the information a material and   | DELETE   | 5 CITY ST-7IP 6 I TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-7IP   |   | ☐ Change ☐ Addition                            |
| 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it ghanged, or on an attachment with an address.  SIGNATURE:  SIGNATURE:  Date  Date |   |  |  |   |  |