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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 335979

(1)

FILED May 09 1997 8:00am Secretary of State

NAME STREET ADDRESS CITY- ST- ZIP COALA FL 13 STREET ADDRESS 14 CITY- ST- ZIP COALA FL 13 STREET ADDRESS 14 CITY- ST- ZIP COALA FL 15 STREET ADDRESS 14 CITY- ST- ZIP COALA FL CITY- ST- ZIP CITY- S	Principal Place 3440 SOUTH PI OCALA FL 3447 US	ine street	Mailing Address 3440 SOUTH PINE STREI OCALA FL 34471-8815 US	ET					
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10, Name and Address of New Registered Agent 10, Name and Address of New Registered Agent 11, Name and Address of New Registered Agent 12, Name 13, Name 14, Name 14, Name 15, Name		, _ — —		L	•	8. This corporation has liability for	intangible		s. 199.032,
MCKEE, MICHAEL R 830 S.E. 24TH AVENUE COCALA FL 34471 15. 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 register 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 term farm farm winn, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent term farm farm winn, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent term farm farm winn, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 term farm farm winn, and accept the obligations of, Section 607.0505, Florida Statutes. 12.	24 377			[30]	riarion		-		
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12.	SIGNATURE	Stgreetine type dior printed name of registered age	rt and title if applicable. (NC)TE: Registere	d Agent signature require	ed when reinstating)	DATE		
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14. I do hereby certify that the information supplied with this filling 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 in discountie and that my signature shall have the same legal effect as if made under oath; the formation of the corporation or the receiver or trope empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted on a machiner with an address.	14. I do hereb	y certify that the information supplied	with this filing does not qua	He de la		in Section 119.07(3)(i), Florida Statute	s I furthe	r certify the	at the

SIGNATURE:

Daytime Phone # 0437867