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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

| DOCU 1. Corporatio BACARR | MENT # 35214(NAME INC |) (8) | | |
|--|---|--|----------------------------------|---|
| Principal Plac | e of Business | Mailing Address | | |
| 1265 28TH AVENUE W. BRADENTON FL 34205-6923 | | 1265 28TH AVENUE W. BRADENTON FL 34205-69 | 123 | |
| | - 1 - 1 - 1 - 1 | | | 3. Date Incorporated or Qualified 3s. Date of Last Report |
| | | | | 09/12/1969 04/29/1996 |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number Applied For |
| 21) Sulte, Apt. #, etc. | | 26 | | 59-1272170 Not Applicable \$8,75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired Fee Required |
| City & Stat | θ | City & State | | 6. Election Campaign Financing \$5.00 May Be |
| Zip | Country | 28 | Country | Trust Fund Contribution Added to Fees |
| 24 | Country 25 | Ζφ 29 | 30) | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No |
| | 9. Name and Address of Curr | | 1301 | 10. Name and Address of New Registered Agent |
| 11. Pursuant office or r agent. I s SIGNATURE | to the provisions of Sections 607.0: egistered agent, or both, in the Sta im familiar with, and accept the obl Signature, typed or printed name of registered in | | | red corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | P\$D | ☐ DELETE | 11 THEF | ☐ Change ☐ Addition |
| NAME | CARR, JESSE D. | | 1.2 NAME | |
| STREET ADORESS | 1265 28TH AVE W BRADENTON FL | | 1.3 STREET ADDRES | SS |
| CITY-\$T-ZIP TITLE | TD TD | DELETE | 1,4 CITY - ST - ZIP 2.1 TITLE | Change Addition |
| NAME | CARR, JESSE D JR. | · | 2.2 NAME | |
| STREET ADDRESS | 5906 22ND AVE DR E | | 2.3 STREET ADDRES | ss |
| CITY-ST-ZIP | PALMETTO FL | | 2 4 CITY-S1-ZIP | |
| TITLE NAME | | L_I DELETE | 3.1 THEE | Change Addition |
| STREET ADDRESS | | | 3.2 NAMF 3.3 STREET ADDRES | SS |
| CITY-ST-ZIP | | | 3.4. CITY - S1 - ZIP | |
| TITLE | | DELETE | 4.1 TITLE | Change Addition |
| NAME | | | 4. 2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRES | ss |
| CITY-ST-ZIP | | DELETE | 4.4 CiTY-ST-ZIP \$1 THLE | Change Addition |
| NAME | | FT Officit | \$ 7 Inte | L Ottorige L Addition |
| STREET ADDRESS | | | \$.3 STREET ADDRES | SS |
| CITY-\$T-ZIP | | | \$.4 CITY-ST-ZIP | |
| TALE | | DELETE | 6.1 TITLE | Change Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRES | ss |
| CITY-ST-7IP | | | 6.4 CHV - S1 - 749 | |

14. 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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 11 of chapter on an attackment with an address.