## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**FILED** Jan 24 1996 8:00 am Secretary of State

DOCUM 1. Corporation N		)6 (2)			Secretar	y or State	
•	A COMPANY					III BRIL BIBLI BIBLI BIBLI BI	RHI BLUG BERG INDI
			11h, 10	<del>                                     </del>			
Principal Place o	f Business	Mailing Address					
1909 SALT MYRTLE LANE ORANGE PARK FL. 32073  1909 SALT MYRTLE LANE ORANGE PARK FL. 32073					A STATE OF THE STA		
					3. Date Incorporated or Qualified 11/14/1969	3a. Date of Last Ro 02/10/1	· .
2. Principal Plac	. Principal Place of Business 2a. Mailing Address				4. FEI Number	<del></del>	Applied For
1	26				59-1277011	ļ ļ-	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		Additional Required
City & State City & State		<u> </u>			Election Campaign Financing     Trust Fund Contribution		May Be d to Fees
7(p)	Country 25	Zip <b>29</b>	Cour 30	try	This corporation has liability for in Florida Statutes	intangible tax under s	199.032,
7.1	9. Name and Address of Current		1301		10. Name and Address of New R		
				B1 Name		<u> </u>	
				82 Street Addi	ddress (P.O. Box Number is Not Acceptable)		
1909 SALT MYRTLE LANE ORANGE PARK FL. 32073			}	83			
UHANG	IE PARK FL. 320/3		Į.	84 City		- 85 Z	p Code
					ration submits this statement for the pur	FL	·
familiar with SIGNATURE	, and accept the obligations of, Section	on 607.0505, Florida Statute	es.		rd of directors. I hereby accept the app		
12.	ignature, typed or printed name of regulered agent a OFFICERS AND		13.	Agent signature require	ADDITIONS/CHANGES TO OFF	DA1E ICERS AND DIRECTO	ORS IN 12
TITLE	ASD	DELETE 1.		LE		Change	Addition
NAM:	1000 01.00 11.11.100		1.2 NA	ME			1:
STREET ADDRESS			1.3 ST	REET ADDRESS			li li
C-14 - ST - 7+P	ORANGE PARK FL			Y-ST-ZIP	·		ORS IN 12 Addition
100	PSD	DELETE		ILE		☐ Change	Addition '
NAME	PACE, GUSSIE B.		22 NA				
STHEE! ACORESS	1909 SLAT MYRTLE LANE ORANGE PARK FL			REET ADDRESS			į
CHY-S1-ZIP	ATD DELETE		3, 1 7(	Y-ST-ZIP		Change	Addition
NAME	PACE, T.W.	I.W. 32		ME			_
STREET ADDRESS	1909 SALT MYRTLE LANE		3 3 SI	REET ADDRESS			
CHY S1-ZIF	ORANGE PARK FL.		3.4 CiT	Y-ST-ZIP			
1-11.1	T	☐ DELETE	4. 1 Ti	TLE		☐ Change	☐ Addition
NAME	MIXON, B W		4.2 NA				
STREET ADDRESS	1909 SALT MYRTLE LANE			REET ADDRESS			
Cily-\$1-74°	ORANGE PARK FL	<b>—</b>		Y-ST-ZIP			Addition
NAME		LJ Scene	5 1 TI 5.2 NA				
STREET ADDRESS				REET ADDRESS			İ
CITY - ST - ZIF			1	IY-ST-ZIP			
THE	☐ DELETE		6. 1 10			☐ Change	☐ Addition
NAME			6.2 NA	ME			İ
STREET ADDRESS			6 3 ST	reet address			!
C-11-S1 20F		*****		IY-ST-ZIP			
14. I do hereby	certify that the information supplied to	with this filing is voluntarily fu	urnished and i	does not qualify	for the exemption stated in Section 119	1.U7(3)(k), Florida Statu	ites. I turther

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 cath; 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 Brock 12 or Block 13 if changes, or an an extraproper to the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changes, or an an extraproper to the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changes, or an an extraproper to the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changes, or an an extraproper to the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changes, or an an extraproper to the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changes, or an an extraproper to the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changes, or an an extraproper for the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changes, or an extraproper for the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and the formation of the receiver of the receiver for the receiver for the receiver for the receiver for the receiver for the receiver for the receiver for the receiver for the receiver for the r

NTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

904-264-2142