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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

AININ	1997	Societal of Silver				ONS	Secretary of State				
ii corporatio	MENT # 3		(9)								
											
Principal Place of Business			Mailing Address						ik didii didii d		
2400 17TH STR E PALMETTO FL 34221			BOX 711 METTO FL 34220-0711								
US		US					3. Date incorporated or Qualified 01/20/1970	1 .	te of Last Re 2/1996	eport	}
2. Principal F 21	Place of Business	2a. 26	Mailing Address				4. FEI Number 59-1369701		·····	plied For t Applicable]
Suite, Apt	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A		
City & Sta	te		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip 24	25		Zip	30 Co	intry		8. This corporation has liability for		tax under s		1
24		ress of Current Regist	ered Agent	1001			10. Name and Address of New Re				1
VICH	(ERS,WILLIAM A				81	Name					
	5TH STREET WES	ST			82	Street Add	fress (P.O. Box Number is Not Acceptate	ole)	······································		1
PAL	METTO FL 34221				83	·····		·			-
					84	City		FL	85 Zip (Code	
11. Pursuant	to the provisions of S	ections 607,0502 and 60	7.1508, Florida Statut	es, the a	pove	-named cor	poration submits this statement for the p	urpose of	changing it	s registered	1
office or agent. La	registered agent, or b am familiar with, and a	oth, in the State of Florid ocept the obligations of,	a. Such change was a Section 607.0505, Flo	authoriza orida Sta	a by tutes	the corpora S.	ation's board of directors. I hereby accept	ot the appo	ointment as	registerea	
SIGNATURE			· · · · · · · · · · · · · · · · · · ·						····		
12.	Signature, typed or printed n	arile of registered agent and title it OFFICERS AND DIREC		L: Hegistere	a Age	iul eiguature tedi	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIRECTOR	S IN 12	16
TITLE	ST		DELETE	1.1.7	TLE				Change	Addition	CR2E034 (9/96)
NAME	VICKERS, ROSE	C.			NAME)						7
STREET ADDRESS	2204 5TH ST WE	ST		1.3 5	TREET	ADDRESS					Ü
CITY-ST-ZIP	PALMETTO FL				1.4 CITY+ST-ZIP			·	·]ģ
TITLE	P DELETE			2.1 TITLE				Change	Addition	10	
NAME	VICKERS, WILLIA			2.2 N							ł
STREET ADDRESS	2204 5TH ST WE PALMETTO FL	01				ADDRESS					
CITY-ST-ZIP TITLE	VD				2. 4 CITY-ST-ZIP 3.1 TITLE				Change	Addition	+
NAME	VICKERS, WILLIA	M A. SR.		3.2 N							
STREET ADDRESS	2204 5TH ST WE			335	TREET	ADDRESS					
CITY - ST - ZIP	PALMETTO FL			34.1	S-YTK	ST-ZIP					
TITLE			DELETÉ	4.1 T	ITLE				Change	Addition	
NAME					AME						
STREET ADDRESS				- 8		ADDRESS					
CITY-ST-ZIP	ļ		DELETE			IT-ZIP			Change	Addition	┨
TITLE NAMÉ			Land DULLIA	5.1 T 5.2 A		}			erry Auguste	FREGIONE	
STREET ADDRESS						ADDRESS					
City - ST - ZIP				1		T-2IP					
7 11			☐ DELETE	61 T					Change	Addition	
NAME				621	AME						1
STREET ADDRESS				6.3 S	TREET	ADDRESS					Ī

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; the lam 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME SKINING OFFICER OR DIRECTOR

2-//- 97 (941) 722-2106 Date Destrict Proces

FILED

Feb 17 1997 8:00am