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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	JAL REPORT (Secretary of State DIVISION OF CORPORATIONS				Se	Secretary of State				
	MENT # 361 Extile and supply		(1)						All (L midd. d)	Bu Biba grán l	ni č ni Jado	
Principal Place of Business 4555 DARDANELLE DR. ORLANDO FL 32806		4555 [Mailing Address 4555 DARDANELLE DR. ORLANDO FL 32808-3831									
	lace of Business		ailing Address				3. Date incorporate 03/19/1970 4. FEI Number	ed or Qualified		e of Last Re	eport	
21		26	26				59-1287586	<u>}</u>		No	t Applicable	
Suite Apt	# etc.	27 St	Suite, Apt. #, etc.				5. Certificate of Sta	atus Desired		\$8.75 A		
City & Stat	(!		City & State				6. Election Campaign Financing \$5.00 May Be					
23] Zip	Country	28	D	Cou	intry		Trust Fund Cont		ntangible t	Added to		
24	25	29	29 30				8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes Yes \(\sigma\) No					
	9. Name and Address	of Current Register	ed Agent		81	Name	10. Name and Add	ress of New Rec	gistered A	gent		
BURRIS, CHESTER E., JR. 4555 DARDANELLE DRIVE					82	Street A	dress (P.O. Box Number	is Not Acceptab	le)			
ORLANDO FL 32808				Ĺ	Direct 71	auross (1.15. Box Hamber	10 TOT TOOOPIGO					
					83							
					84 City				FL	85 Zip C	į	
11. Pursuant office or ragent a	to the provisions of Section registered agent, or both, in m familiar with, and accept	s 607.0502 and 607, the State of Florida the obligations of, Sc	1508, Florida Statuti Such change was a ection 607.0505, Flo	es, the a authorize orida Sta	bove d by tutes	e-named c the corpo s.	orporation submits this sta ration's board of directors	atement for the p s. I hereby accep	urpose of t the appo	changing its intment as	registered registered	
SIGNATURE.	Signature typical or princed name of r	eyistered agent and title if an	plicable (NOT	E: Registere	d Age	ant signature re	quired when reinstating)		DATE			
12.	f*************************************	CERS AND DIRECTO		13.			ADDITIONS/CHA	NGES TO OFFIC				
THLE NAME	PD Burris Jr, Chester		[_] DELETE	1.1 TO 1.2 N						Change	☐ Addition	
STREET ADDRESS	4555 DARDANELLE D					ADDRESS						
CiTY+ST-ZIP	ORLANDO, FL 00000			1.4 CI	ITY - S	T-ZIP						
TITLE			DELETE	2.1 1						Change	Addition (
NAME STREET ADDRESS				2.2 N		ADDRESS						
CITY ST-7P						ST-ZIP						
TIT: F			DELETE	3.1 TI						Change	Addition	
NAME OTRIAL ADDRESS				3.2 N		1000000						
STREET ADDRESS CITY+ST-ZIP						ADDRESS ST-ZIP						
TI ¹ LE	A CONTRACTOR OF		DELETE	4.1 TI						Change	Addition	
NAME				4.2 N	IAME							
STREET ADORESS						ADDRESS						
CHY-ST-Z# T-fle			☐ DELETE	51 TI		ST - ZIP	· · · · · · · · · · · · · · · · · · ·			Change	Addition	
NAME			<u> </u>	52 N						-		
STREET ADDRESS				535	TREET	ADDRESS					j	
CITY - ST - ZIF			65,475			IT-ZIP				Ch	Addition	
TITLE NAME			DELETE	6.1 TI 6.2 N			•			Change	Addition	
STREET ADDRESS			•			ADDRESS					Ì	
						1						

6.4 City-St-ZiP

14. Loo 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 off-cer 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 applicase.

407-578-0000

FILED

Apr 28 1997 8:00am