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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(0)

DOCUMENT #
1. Corporation Name

OSCEOLA PROPERTIES, INC.

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Principal Place	of Business	NASCO- Addi-						
Principal Place of Business Mailing Address P.O. BOX 960 P.O. BOX 960 ST. PETERSBURG FL 33731-0960 ST. PETERSBURG FL 33731-0960 US US								
						3. Date Incorporated or Qualified 12/03/1970	3a. Date of Last 05/01/	
2. Principal Place 21	ce of Business	2a. Mailing Address	⊢n °		4. FEI Number 59-1378973	00,01,	Applied For	
Suite, Apt #	, etc.	Suite Apt. #, etc.				38-13/69/3		Not Applicable
22		27	<u> </u>		5. Certificate of Status Desired	1 1	5 Additional	
City & State	A1	City & State				6. Election Campaign Financing	·	Required
23		28				Trust Fund Contribution		DO May Be ed to Fees
Zip 24	Country			untry		8. This corporation has liability for int	angible tax under s	s 199.032,
	9. Name and Address of Cur	rent Registered Agent	30	1		Florida Statutes Yes	X No	
		Tent riegistered Agent		81	Name	10. Name and Address of New Reg	istered Agent	
RAHDER	rt, george k			Ш				
	ntral ave		82 Street A		Street Addr	ress (P.O. Box Number is Not Acceptable)		
ST. PET	ERSBURG FL 33701			83				
			į					
				84	City			ip Code
SIGNATURE	, and accept the obligations of, Se	ection 607,0505, Florida Statute	tes, the abo zed by the a s.	ove-na Corpo	amed corpor ration's boar	ration submits this statement for the purpo rd of directors. I hereby accept the appoin	se of changing its tment as registered	registered office diagent. Lam
12.	gradute Type for printed name of registions Lag			Age :	South alfatter feet parties	Lwheel representings	DATE	
THILE	PD OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	DRS IN 12
NAME	RAHDERT, GEORGE K	☐ DEFE16	1 1 TI		}		☐ Change	☐ Addition
STREET ADDRESS	535 CENTRAL AVE		1 2 NA					
CITY-ST-ZIP	ST PETERSBURG, FL 000	000			DORESS			i
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NAME								
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supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under ment with an address. I further receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name ment with an address. certify that the information indicated on this arrive, oath; that I am an officer or director of the corporappears in Block 12 or Block 12 changed, or of

SIGNATURE: X

813/823-4191