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

DOCUM 1. Corporation I	MENT # 380)461	(4)			
•	HESIS CORPORATION	l				
Principal Place o	of Business	Maling Addres	.s			(8) (10) \$154 (13) (10) (13) (10) (10) (10)
2059 BEACH WOOD VILLAS 2059 BEACH AMELIA ISLANDS PLANTATION AMELIA ISLAND			H WOOD VILLAS ANDS PLANTATION A FL 32034-6102			
					3. Date Incorporated or Qualified 04/15/1971	3a. Date of Last Report 05/01/1995
2. Principal Place of Business 2a. Mailing			iress		4. FEI Number	Applied For
Suite, Apt #,	, etc.	26 Suite, Apt.	#, etc.		59-1348929	Not Applicable \$8.75 Additional
22		27]			5. Certificate of Status Desired	Fee Required
City & State		City & Stati	-		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Ζιρ 1111	<u> </u>	Country	8. This corporation has liability for	
24	9. Name and Address of 0	[29] Current Registered Agen	30 S		Florida Statutes Yes 10. Name and Address of New F	Mo legistered Agent
				81 Name		
RHODE	S, ROBERT M.			82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)
	EACH WOOD VILLAS			83		
FERNAI	NDINA FL 32034			63		
				84 Gity		FI 85 Zip Code
SIGNATURE . s	gnative, tiped or pender, runhe chreginle. OFFICE.	ed up tay the days sam. RS AND DIRECTORS		bse i Agent signar ne reuri 13.	ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12 Change Addition
TITLE	PD	Di	LETE 1	1 10LE		Change Addition
NAME	RHODES,R.M.	MILAC		2 NAME		
STREET ADDRESS CITY-ST-ZIP	2059 BEACH WOOD T FERNANDINA BEACH		1	3 STREET ADDRESS 4 CITY-ST-ZIP		
TITLE	S			1 THEF		Change Addition
NAME	RHODES,R.L.		2	2 NAME		
STREET ADDRESS	2059 BEACH WOOD		2	3 STREET ADDRESS		
C/TY - ST - ZiP	FERNANDINA BEACH			4 0(h - ST - 2(f)		- CT Orange Em Addition
TITLE NAME		D6		1 TITLE 2 NAME		Change Addition
STREET ADDRESS				3 STREET ADORESS		
CITY-ST-ZIP				4 City - St. ZiF		
TITLE		00	(FIE 4	1 TITLE	A CONTRACTOR OF THE CONTRACTOR	Change Addition
NAME			4	2 NAME		
STREET ADDRESS			4	3 STREET ADDRESS		
CITY-ST-ZIP		F7 6	· · · · · · · · · · · · · · · · · · ·	4 CITY - ST - ZIP		50
TITLE		□ 0£		1 Table		Change Addition
NAME STREET ADDRESS				3 STREET ADDRESS		
CITY-ST-ZIP				4 City-ST-ZIP		
TIFLE		Oi		1 T-TLE		☐ Change ☐ Addition
NAME		-	6	2 NAME		· _
STREET ADDRESS			6	3 STREET ADDRESS		
CHTY - ST - ZIP				4 C-TY - ST - 7IP		
certify that t eath; that t	the information indicated on th	is annual report or supplier corporation or the receive	iental annual repo r or trustee empo	ort is true and accur	for the exemption stated in Section 119 rate and that my signature shall have the his report as required by Chapter 607, Fl	same legal effect as if made under

SIGNATURE:

M. Harde Cypil 9, 1996 904-261-9675

One AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR EXPECTOR

ON PHARES PARS.