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

PROFIT CORPORATION **ANNUAL REPORT**



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 14 1997 8:00am Secretary of State

•	1997		DIVISION OF CORPORATIONS			Secretary of State	
	MENT #	423872 CTION, INC.	(1)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	HI BUBU BUBU BUBU BUBU BUBU BUBU KBU
Principal Place of Business			Mailing Address				
8227 SW ARCHER RD			8227 SW ARCHER RD				
GAINSVILLE FL 32000			GAINSVILLE FL 32608-5518				
					3. Date Incorporated or Qualified 3 04/18/1973	Ba. Date of Last Report 02/27/1996	
2. Principal Place of Business			2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		59-2192876	Not Applicable	
Suite, Apr. #, etc.			27		5. Certificate of Status Desired	Fee Required	
City & State			City & State		6. Election Campaign Financing	\$5.00 May Be	
23			28			Trust Fund Contribution	
Ζιρ 24	25	Country	Zip 29	Gountry 30		8. This corporation has liability for intar Florida Statutes	ugible tax under s. 199.032, ps. 1 No
24		d Address of Current	hh	ارقوا		10. Name and Address of New Regist	
MUL	LER, KEITH I	4		81	Name		
	7 SW ARCHE			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
GAI	NESVILLE FL	32608		83			
				84	City		FL 85 Zip Code
SIGNATURE						poration submits this statement for the purp align's board of directors. I hereby accept th	
12.	Signature, typed or p	orticisme of regeter original OFFICERS AND		11: Registered Age	ant signarore requ	ared when reinstang) [7] ADDITIONS/CHANGES TO OFFICER:	S AND DIRECTORS IN 12
TITLE	p	OH IGHAO YOU	DRETE	1.1 11/16	· - · - · - · - · - · - · - · - · · - ·	Applionajor Macco To al Macco	Change Addition
NAME	MULLER, K	EITH		. 1.2 NAME			
STREET ADDRESS	8227 SW A			1.3 SPREE	ADDRESS		
CITY - ST - ZIP	GAINSVILLE	, FL 00000	The first	1.4 CHY - S	ST - 20P	<u></u>	Change Addition
TITLE	8	PTTV	[]] DELETE	2.1 TILLE 2.2 NAME			The primate The Manufacture
NAME STREET ADDRESS	MULLER, B 8227 SW A			2.3 STREET	22 18PART		
CITY-ST-ZIP		F, FL 00000		2.3 SHRE			
TITLE		-, 1	☐ DITELE	31100			Change Addit on
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREE			
CITY-ST-ZIP			DELLTE.	3.4. CHY- 4.1 THLE	S1 - 7IP		Change Addition
TITLE NAME				4 2 NAME			
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP				4.4 GITY- S	ST - 7 4P		
TITLE			DELETE	51100			Change Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREE			
CITY-ST-ZIP TITLE			DELETE	5.4 CRY+1 6.1 TRLE	51- ZIP		Change Addition
NAME			had been	62 NAML			manus of a grant and a second a
STREET ADDRESS					LAGORESS		
CITY-ST-ZIP				6.4 CHY-	ST- ZIP		
14. Ldo hereb	by certify that the	ic information supplied	with this filing does not qua			ed 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 eath, that I am an officer or director of the cooperation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 13 if changed, or on an attachment with an address.

352-372-8447