FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Moriham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

430719

(5)

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Principal Place of Business Mailing Address						T FOODER DIODER DIVIN DEVIN VERSON NICHE	LOST BIBIL OIL		SEE OTOTA BEDAT CODE	
	AKFIELD DR ON FL 33511	P O BOX 561 BRANDON FL 33509								
03		us	US			3. Date incorporated or Qualified 07/18/1973	Report 995			
2. Princi	pal Place of Business	2a. Mailing Address		_		4. FEI Number	· · · · · ·	7.17.	Applied For	
21		26				59-1472300			Not Applicable	
22	Apt. #, etc.	Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
	State	·	City & State			6. Election Campaign Financing \$5.00 May Be				
23 Zip	Country		Country			Trust Fund Contribution			ded to Fees	
24	25	29	30	y		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes \text{No} \text{No}				
	9. Name and Address of C		.1001			10. Name and Address of New R		Agent	· · · · · · · · · · · · · · · · · · ·	
			81	T	Name					
BU	RLEY, BOYD W.		82	+	Street Addres	ss (P.O. Box Number is Not Acceptable	۵)			
	BUMBLE BEE LANE		0.		Olloot Fladino	33 (F.O. DON HOWNDOWN THOU MODE)	0,			
	ANDON FL 33511		83	Г						
			84	1	City			85	Zip Code	
11 Dure	uant to the provisions of Sections 607.	0502 and 607 1509 Florida Statut	oc the above	Ι.	mod cornerat	ion nubmite this statement for the number	FL.	-		
or re	egistered agent, or both, in the State of	i Florida. Such change was authoriz	ed by the corp	oor	ation's board	of directors. I hereby accept the appo	ose or cri sintment as	anging its registeri	ed agent. I am	
	liar with, and accept the obligations of,	Section 607.0505, Florida Statutes	S.							
SIGNATI	JRE Signature typed or printed name of registered	d agent and little if applicable (NC	OTE Registered Ager	nt si	ionature recorded v	yhen reinstating)	DATE			
12.	OFFICER:	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI		DIRECT	TORS IN 12	
TITLE	P	☐ DELETE	1. 1 TITLE					Change	e 🔲 Addition	
NAME	BURLEY, BOYD W.		1.2 NAMÉ							
STREET ADE			1.3 STREET	T AC	ODRESS					
City-St-Zi			1.4 CITY - S		ZIP					
TITLE	T	☐ DELETE	2 1 TITLE				ĺ	Change	e 🔲 Addition	
NAME	BURLEY,MARY LEE		2.2 NAME							
STREET ADD	**************************************		2 3 STREET							
CHY-SE-ZI	VS	□ DELETE	2.4 CITY - S 3. 1 TITLE		ZIP			Change	e Addition	
NAME	BURLEY, B. MITCHELL		3.2 NAME				'		, Madipan	
STREET ADD			3.3 STREE	T Af	ODRESS					
CITY-St-Zi	1111 5100 51		3.4 CITY - S							
TITLE		☐ DELETE	4.1 TITLE					Change	e 🔲 Addition	
NAME			4.2 NAME							
STREET ADD	DRESS		4.3 STREET	T AD	DORESS					
CITY - ST - ZI	Р		4.4 CITY - S	ST-	ZIP	·				
TITLE		☐ DELETE	5. 1 TITLE				1	☐ Change	e 🔲 Addition	
NAME			52 NAME							
\$1REE1 ADS			5 3 STREET							
CHY-ST-ZI	P	☐ DELETE	5.4 CHY- S		ZIP			Chann	a D Addition	
NAME			6 1 TITLE 62 NAME				1	Change	e	
STREET ADD	DRESS		63 STREET	T AF	OUBESS					
CITY-ST-ZI			64 CHY-5							
14. I do	hereby certify that the information supp	olled with this filing is voluntarily furn	ished and doe	es r	not qualify for	the exemption stated in Section 119.0	07(3)(k), Flo	orida Stal	tutes. I further	
oath	fy that the information indicated on this; ; that I am an officer or director of the o ears in Block 12 or Block 13 ochanged	corporation or the receiver or truste	e empowered :	ue to	and accurate execute this	and that my signature shall have the report as required by Chapter 607, Flo	same legal orida Statul	effect as es; and t	if made under that my name	

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING PRINTED OF DIRECTOR

4/11/96 813 · 685 · 1585

Date Date Destrue Prome #

CR2E034 (12/95)