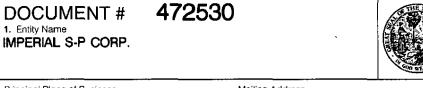
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90170 005 ***150.00

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DOCUMENT #





			GOO WE IN				
Principal Place	e of Business VIDSON	Mailing Address 780 WEST DAVIDSON					
P.O. BOX 196	4	P.O. BOX 1964		J			
BARTOW FL 3	3830	BARTOW FL 33830					
2. Principal P	lace of Business	3. Mailing Address			Ficii Bibli 818 11		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKIN	IG CHANGES	3	
City & State		City & State		4. FEI Number 59-1631678	⊢	pplied For ot Applicable	-
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Ad Fee Require]
<u> </u>	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered			1
			Name				1
PARTIN, C	AVID J		7.07				4
-	DAVIDSON		Street Address	s (P.O. Box Number is Not Acceptable)			
BARTOW	·= · ·						1
DANION	FE 33630						
			City	F	Zip Cod	de	1
9 The charge	named antity submits this statement f	ar the pureess of changing its re	naintared office or regist	ered agent, or both, in the State of Florida. I ar		and accord	1
	ions of registered agent. Signature, typed or printed name of registered agen	tin Pres.	Registered Agent signature requir				
	75 44	t and the frappicable. (NOTE:	negistered Agent signature reduir	red when reinstating)			-
	LE NOW!!! FEE IS \$150.00			9. Election Campaign Financing	\$5 (nn May Be	
	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of			9. Election Campaign Financing Trust Fund Contribution.	Adde	d to Fees	
10.	- '		11.	ADDITIONS/CHANGES TO OFFICERS A	VD DIRECTOR	RS IN 11	┨
TITLE /	P	☐ Delete	TITLE	110011101107011111111111111111111111111	Change	Addition	1
NAME	PARTIN, DAVID J	Duicte	NAME				
STREET ADDRESS	780 W DAVIDSON ST;		STREET ADDRESS				
CITY-ST-ZIP	BARTOW FL		CITY-ST-ZIP				
TITLE	v	Delete	TITLE		☐ Change	Addition	1
NAME	SIKES, EDWARD E	□ Delete	NAME		ondangs		1
STREET ADDRESS	780 W DAVIDSON ST		STREET ADDRESS				
CITY-ST-ZIP	BARTOW FL		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	1	☐ Change	Addition	1
NAME			NAME		_ ,	_	
STREET ADDRESS_		~	STREET ADDRESS			<u></u>	_ _
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change	Addition	1
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	•		CITY-ST-ZIP	·			
TITLE		☐ Delete	TITLE		Change	☐ Addition	1
NAME			NAME				1
STREET ADDRESS			\$TREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change	Addition	1
NAME			NAME				i

12. I 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer 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 10 or Block 11 if EDWARD E. SIKES

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

2/21/03