PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				
Corporation N		02457 F OCALA, INC.	(5)				
1720 NE 6TH	incipal Place of Business 1720 NE 6TH AVE, OCALA FL 32670		Mailing Addross 1720 NE 6TH AVE. OCALA FL 32670				
						3. Date Incorporated or Qualified 05/04/1976	3a. Date of Last Report 02/23/1995
Principal Plac	ce of Business	2a. 26	, Mailing Address			4. FEI Number 59-1708079	Applied For Not Applicable
Suite, Apt. #,	, etc.	26	Suite, Apt. #, etc.			5. Certificate of Status Desired	Server Additional Fee Required
City & State		27]	City & State			6. Election Campaign Financing Trust Fund Contribution	Added to Fees
^{Zip} 344		29	21p Country 34470 30		B. This corporation has liability for Florida Statutes [] Yes	r Intangible tax under s. 199.032, s. 🕅 No	
	9. Name and Addres			81	Name	10. Name and Address of New I	Registered Agent
	HARLES JR			82		ress (P.O. Box Number is Not Accepta	ble)
500 N.E.	. 8TH AVE. FL 34470			83			
JUNLA I					City		FL 85 Zip Code
familiar with GNATURE	h, and accept the obligat Char-les Signature, typed or printed name of	R-use	7.0505, Florida Statutes. 5 R 1 application (NO	Pred by the corp s. DIE Registered Age			Pointment as registered agent. I am <u>U - 28 - 9 C</u> DATE FICERS AND DIRECTORS IN 12
LE ME REET ADDRESS (Y - ST - ZIP	PD HAMMETT, JERR) 1024 W HWY 329 CITRA FL	YR	CTORS	1. 1 THLE 1.2 NAME	ET ADDRESS		Change Addition
'LE Me Reet address	ADDRESS ST HAMMETT, DEBORAH 1024 W HWY 329 CITDA Et		DELETÉ	2. 1 TILE 2.2 NAME 2.3 STREET ADDRESS			Change Addition
Y - ST - ZIP LE ME REET ADORESS	E VD E GODWIN, JERRY EET ADDRESS 5205 N.E. 3RD ST. OCAL A EL OPIDA 00000		DELE TE	2 4 C(TY - ST - ZIP 3. 1 TITLE 3.2 NAME 3.3. STREEF ADDRESS 3.4 C(TY - ST - ZIP			Change C Addition
Y-ST-ZIP LE ME REET ADDRESS Y, ST, ZIP	JUNER, I LUNIUA		DEFELE	4. 1 TITLE 4.2 NAME 4.3 STREE	E E ET ADDRESS		Change 🗋 Addition
i <u>y-st-zip</u> Le Me Reet address	8		DELETE	4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS			Change C Addition
			DELETE		E E IET ADDRESS		Change Addition
ألمطاب بالتسمم	t the intermetion indicate	nd on this annual ren	od or supplemental and	6.4 CITY- nished and do- pual report is tr	- ST-ZIP bes not qualify	r for the exemption stated in Section 11 rate and that my signature shall have th his report as required by Chapter 607,	he same ledal enect as il made under