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FILED

Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 521818

(5)

1. Corporation Name

FIVE MASTER'S CORPORATION

Principal Place of Business

RT.2, BOX 389E
HAWTHORNE FL 32640

Mailing Address

RT.2, BOX 389E
HAWTHORNE FL 32640-8123

3. Date Incorporated or Qualified

01/10/1977

3a. Date of Last Report

03/15/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2519842

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

RICHARDSON, CHARLES
RT.2, BOX 389E
HAWTHORNE FL 32640

10. Name and Address of New Registered Agent

81 Name

(SAME)

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and office if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	RICHARDSON, THERESA	
STREET ADDRESS	ROUTE 2, BOX 389E	
CITY - ST - ZIP	HAWTHORNE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RICHARDSON, ROBERT D	
STREET ADDRESS	ROUTE 2, BOX 389E	
CITY - ST - ZIP	HAWTHORNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	A. BOARD MEETING	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HELD AT ABOVE ADDRESS 8/6/96	
1.3 STREET ADDRESS	A QUORUM BEING PRESENT	
1.4 CITY - ST - ZIP		
2.1 TITLE	ALL BUSINESS FOR THE YEAR,	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1996 + 1997 WOULD BE CONTINUED	
2.3 STREET ADDRESS	UNTIL THE NEXT BOARD	
2.4 CITY - ST - ZIP	MEETING SET FOR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	8/6/97 UNLESS THERE WOULD	
3.2 NAME	BE A NEED TO CALL A	
3.3 STREET ADDRESS	SPECIAL MEETING	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.4 CITY - ST - ZIP	AT THIS POINT THE MEETING	
4.1 TITLE	WAS CALLED TO ORDER AND	
4.2 NAME	CLOSED FOR THE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	YEAR ENDING 8/6/96	
4.4 CITY - ST - ZIP	BY VOICE OF PRES.	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Theresa Richardson Pres.

1/14/97 (352) 481 2619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0080540

CR2E034 (9/96)