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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 555113

(0)

FILED									
Apr 21 1997	8:00am								
Secretary of State									

		Mailing Address 363 NW 14 PLACE CRYSTAL RIVER FL 34428 US	-3869						
						3. Date Incorporated or Qualified 12/12/1977	3a. Date of L 02/23/19		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number 59-1782499	_	Applied Fo	
Suite, Apt.	#, etc.	26 Suite, Apt. #, etc.		_			\$8.	Not Applic 75 Additions	
22		27				5. Certificate of Status Desired	Fe Fe	ee Required	
City & Stat	e 	City & State				Election Campaign Financing Trust Fund Contribution		.00 May Be	
Žip	Country	7(p	Count	ry		8. This corporation has liability for i			
24	25		30				Yes No	· · · · · · · · · · · · · · · · · · ·	
EV6	9. Name and Address of Curren	nt Registered Agent	В	1	Name	10. Name and Address of New Re	gistered Agent		
	STER, JAMES P.		6	'	Name				
	5 S.E. HWY. 19 YSTAL RIVER FL 34429		8.	2	Street Addre	ss (P.O. Box Number is Not Acceptab	ole)		
·	OTAC INITIAL COLLEGE		8	3					
			8	4	City		—. 85	Zip Code	
					•	oration submits this statement for the pon's board of directors. I hereby accept	FL	·	
SIGNATURE 12. TITLE NAME	January Typed or printed one of registered age OFF-ICE-RS AN P EYSTER, JAMES P		13. 1.1 1000 12 NAME	J T gen	nt signature roquire	- 1	115,197	CTORS IN 12	2
STREET ADDRESS	363 N.W. 14TH PLACE CRYSTAL RIVER, FL 00000		1.3 STRE						
CITY-ST-ZIP	0	DELETE	1.4 CITY 2.1 TITLE		- ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Cha	enge Ad	ddition
NAME	THORNTON, HUGHLEN R	hand 2000	2.2 NAM						
STREET ADDRESS	1282 CALAIS COURT		2.3 STRE	E1 A	ADDRESS	a.			
CITY-ST-ZIP	KNOXVILLE, TN 00000		2. 4 CITY	- 51	1 - 21P				
TITLE		L_) DELETE	3.1 TITLE				Cha	ange 🗀 Ad	Idilion
NAME			3.2 NAM						
STREET ADDRESS			3.3 STREE						
CITY+\$T-ZIP TITLE		DELETE	3.4. CHTY 4.1 TITLE		1 - ZIF		Cha	inge Ad	ddition
NAME		_	4. 2 NAM		1		_		
STREET ADDRESS			4.3 STREE	ET A	ADDRESS				
CITY-ST-ZIP			4.4 CITY	- 57-	- ZIP				
TITLE		☐ DELETE	5.1 TOLE				☐ Cha	inge 🔲 Adr	dition
NAME			5.2 NAME						
STREET ADDRESS			5.3 \$TRF1						
CITY-\$T-ZIP		DELETE	5.4 CITY	_	- ZIP		HAL	1000 1 44	dilion
TITLE NAME	30 m	[] Deter	61 TITLE 62 NAME		1		∐ Cha	uåe l'TI¥00	MINUIT
STREET ADDRESS			63 STREE		ADDRESS				
CITY-ST-ZIP			64 CITY						
14. I do herel	by certify that the information supplie	d with this filing does not qualif	y for the ex	cerr	nption stated	in Section 119.07(3)(i), Florida Statutes	s. I further certify	that the	
l am an o	on indicated on this annual report or s ifficer or director of the corporation oi in Block 12 or Block 13 if changed, o	r the receiver or trustee empowe	ered to exe	our OOU	rate and thal r ute this report	ny signature shall have the same lega as required by Chapter 607, Florida S	I effect as if mad tatutes; and that	e under oath my name	n; that