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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 19 1997 8:00am Secretary of State

	ROAD		2		
				3. Date Incorporated or Qualified 12/15/1977	3a. Date of Last Report 04/08/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.				59-2001040	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5,00 May Be
23		28	···	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Ζ(p 29	Country 30	8. This corporation has fiability for in Florida Statutes	langible tax undor s. 199.032, Yes □ No
24]	9. Name and Address of Cur		1301	10. Name and Address of New Reg	
GAY	ROBERT L.		81 Name		
904 DOC GAY ROAD LAKELAND FL 33803			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
			83		
			[63]		
			84 City		FL 85 Zip Code
SIGNATURE	Signature hyped or printed natural regulates	Riginal and the 4 periodiale (NC	MY O'NLAU III y gistered Agert signature requ 13.	poration submits this statement for the putition's board of directors. I hereby accept the following of the putition's board of directors. I hereby accept the following of the putition of the putition's following of the putiti	DATE 3, 9"
TITLE NAME	GAY, ROBERT L. SR.	DELETE	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	904 DOC GAY ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		1.4 C(1Y+S1+Z/P		
TITLE	PO	Decent	2.1 TOLE		Change Addition
NAME	GAY,MILDRED 904 DOC GAY ROAD		2.2 NAME		
STREET ADDRESS CITY-ST-ZIP	LAKELAND FL		2.3 STREET ADDRESS 2.4 CHY-S1-ZIP		
TITLE		DELETE	31 1171[Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		Ditta	3.4 CHTY-ST-7IP		Chance Addition
TITLE Name		DELETE	4.1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-2IP			4.4 CITY-ST-ZIF		
TITLE		DELE1E	5.1 THE		Change Addition
NAME			5.2 NAMI		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELFTE	5.4 CITY+ST+7IP 6.1 TITLE		Change Addition
NAME		Sand Control	6.2 NAME		
STREET ADDRESS			6 3 STREET ADORESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		

I do hereby certify that the information supplied with this filling 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