FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # 55581 L., INC.	8 (4)		F HARDEN ANNER ANNER ANNER DENER LURUN HAR BROKK DURUN ANNER ANNER ANNER ANNER ANNER ANNER ANNER ANNER ANNER A	818 14 8 1811 1488
Principal Place	of Business	Mailing Address			
6610 RIVER ROAD NEW PORT RICHEY FL 34652		6610 RIVER ROAD NEW PORT RICHEY FL 34652			
				3. Date Incorporated or Qualified 3a. Date of Last Re 12/21/1977 06/20/199	•
··\		2a. Mailing Address 26		1	pplied For
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		\$8.75	ot Applicable Additional
2		27		1 5. Certificate di Status Desireu 1	equired
City & State		City & State			May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution LJ Added 8. This corporation has liability for intangible tax under s	to Fees
4	25	29	30	Florida Statutes Yes No	199.032,
	9. Name and Address of Currer	t Registered Agent		10. Name and Address of New Registered Agent	
			81 Name		
	TON, JANE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	/er road Ort richey fl 34652		83		
NEW FU	MI NICHET FL 34032				
			84 City	FL 85 Z ₁ p	Code
SIGNATURE.	o agent, or both, in the state of Floric , and accept the obligations of, Sect Synature, typed or printed name of registered agent	ion 607,0505, Florida Statutes.	ed by the corporation's bos	and of directors. Thereby accept the appointment as registered a	agent. I am
12.	OFFICERS AN	<u>: </u>	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	IS IN 12
TIFLE	PST	☐ DELETE	1. 1 TITLE	☐ Change	Addition
NAME STREET ADDRESS	LIVINGSTON, JANE 6610 RIVER ROAD		1.2 NAME		
CITY-ST-ZiP	NEW PORT RICHEY FL		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TITLE	V	☐ DELETE	2 1 TITLE	Change	Addition
NAME	SHERRELL, TIMOTHY J.		2.2 NAME		
STREET ADDRESS	6610 RIVER ROAD		2.3 STREET ADDRESS		
CITY - ST - ZIP	NEW PORT RICHEY FL		24 CITY-ST-7IP		
TITLE	V OUEDDELL ODEOODY	☐ DELETE	3 1 TITLE	☐ Change	☐ Addition
NAME STREET ADDRESS	SHERRELL, GREGORY 6610 RIVER ROAD		3.2 NAME		
CITY - S1 - ZIP	NEW PORT RICHEY FL		3.3 STREET ADDRESS		
TITLE	HEAT FOR HOUSE IL	DELETE	3.4 CITY - ST - ZIP 4.1 TITLE	☐ Change	Addition
NAME			4.2 NAME	· ·	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 DITY - ST - ZIP		
INTLE		☐ DELETE	5. 1 TITLE	Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS DITY+ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5.4 CITY - ST - ZIP 6. 1 TITLE	Change	Addition
NAME			6.2 NAME	orange	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
certify that i	ine iniomiation indicated on this annu	al report of supplemental annu	ial report is true and accura	for the exemption stated in Section 119.07(3)(k), Florida Statute: ate and that my signature shall have the same legal effect as if r is report as required by Chapter 607, Florida Statutes; and that	nada under

SIGNATURE:

4-15-96 813-841-9906 Date Daystre Phone