## 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 # 575557

(4)

LEON WHITEHURST, JR., ATTORNEY, P.A.

18-7 <del>1</del> 1-18-7 1-7-		<u> </u>					
Principal Place of Business		Mailing Address		1 300101 Druce 10001 Dribe Blide side	e dishat mehit binta pinti me	TU MINST SANCE	
720 SNUG ISLAND CLEARWATER FL 34630 US		720 SNUG ISLAND Clearwater Fl 34630-1831 US					
					3. Date Incorporated or Qualified 06/12/1978	3a. Date of Las 01/23/1996	
2, Principal Piace of Business		2a. Mailing Address			4. FEI Number		Applied For
21		26			59-1829830		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired			
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution Added to Fees			
Zip		Country Zip Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Statutes No		
24	25] g. Name and Address of Curre	29	30	<del> </del>	Florida Statutes  10. Name and Address of New R		
14/14/7		nit negistered Agent	81	Name	10, Name and Address of New A	agistorea Agent	
WHITEHURST, LEON JR 720 SNUG ISLAND							······
CLEARWATER FL 34630			<b>82</b> Str		ess (P.O. Box Number is Not Accepta	ible)	
OLE)	ANTIAIER FE 04000		83				
			84	City	LUN 9-1-11-11-11-11-11-11-11-11-11-11-11-11-	FL 85 Z	ip Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Statim familiar with, and accept the obsiderable typics or protect name of registered a	le of Florida. Such change v gations of, Section 607.0505	as authorized by	the corporati	oration submits this statement for the ion's board of directors. I hereby acce	purpose of changin apt the appointment	g its registered as registered
12.	OFFICERS AND DIRECTORS		<b>1</b> 13.		ADDITIONS/CHANGES TO OFF		ORS IN 12
TITLE	PD DELETE					☐ Chang	
NAME			1.2 NAME				
STHEET ADDRESS	720 SNUG ISLAND		1.3 STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 1		1.4 CITY - S	T-ZIP			
TITLE	ST DELETE 2		2.1 TITLE			Chan	ge Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2.4 CITY-	ST-ZIP			
TITLE			3.1 TITLE			Chang	ge 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-SI-ZIP	AAAA AAA IAA 1		3.4. CITY -	ST-ZIP			
TITLE						Chan	e 🔲 Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP			4.4 CITY - S	T-ZIP		Пан	A Public -
TITLE		DELETE				☐ Chan	ge Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			

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

5.4 City-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

SIGNATURE:

CITY-SI-ZiP

STREET ADDRESS

CITY-S1-ZIP

TITLE

NAME

DELETE

Change

**FILED** 

Jan 22 1997 8:00am

Secretary of State

Addition