PROFIT CORPORATION FLORIDA DEPARTMENT OF STA				MENT OF STATE			
ANNUAL REPORT 1996			Secretary of State DIVISION OF CORPORATIONS				
DOCUME L. Corporation Nar		77446	(8)				
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Principal Place of E	Business	Mahr	ng Address			PIS E111 \$1\$11 S	i litte i i i i i i i i i i i i i i i i i i
1866 THOMAS	VILLE RD.		1866 THOMASVILLE RD				
TALLAHASSEE FL 32303			TALLAHASSEE FL 3230	3 3	3. Date incorporated or Qualified		of Last Report
					06/29/1978	.]	05/01/1995
2. Principal Place	of Business	F= -1	Mailing Address		4. fEl Number 59-1832532		Applied For Not Applicable
Suite, Apt #, e		26	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional
2		27			6. Election Campaign Financing		Fee Required \$5.00 May Be
City & State		28	Dity & State		Trust Fund Contribution		Added to Fees
Zip	Country		(ip)	Country	8. This corporation has liability for	intangible ta 	x under s. 199.032,
م ا	25	29 ss of Current Registe		30	Florida Statutes L. Yes 10. Name and Address of New F	Registered	Agent
		ons 607,0502 and 607 State of Florida Such ations of Section 607.0		, the above-named corportiby the corporation's boar	ration submits this statement for the punct of directors. Thereby accept the app	irpose of ch cointment as	anging its registered offi registered agent. I am
familiar with,	and accept the cuilga	RUNNS DE SECUSITION C	OOO, 1 Ighteld Octobers.	- Regulated April 18 graft 18 for park	of when the restation?	EATE	
12.		orregissionalicitavatti e ka DEHICERS AND DISEC		13.	ADDITIONS/CHANGES TO OF		
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NAME	WILLIAMS, FRE			1.2 NAME 1.3 STREET ADORESS			
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TITLE	VS		□ D€LET€	2 1 TITLE			Change Additio
NAME	WILLIAMS, J. 7			2.2 NAME 2.3 STREET ADDRESS			
STREET ADORESS CITY - S1 - ZIP	3218 YORKTO TALLAHASSEE	_		2.4.0(Tr - ST ZIP			Flores Flags
TITLE	V	· · · · · · · · · · · · · · · · · · ·	[] DELETE	3 1 1/12€			Change Additio
NAME	HILL, ANN	D.		3.2 NAME 3.3 SIMEET ADDRESS			
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City - ST - ZiP TITLE	GAUTESVILLE		☐ DELETE	4 1 THLE			Change Addit
NAME				4.2 NAME			
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CHTY - ST - ZIP THLE			DEIFIE	5 1 1/1LF	9000019	441	😝 🖫 :ge 🔲 Additii
NAME			_ _	5.2 NAME	-05/30/9603	1033(116
STREET ADDRESS	^			5.3 STREET ADDRESS	***225.00		
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TITLE	\		L DOLL	0.11.61			/
NAME	1			6.2 NAME		_ >	5/30/

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify that I am an officer or director of this corporation or the receiver or trusted 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:

SIGNATURE:

SIGNATURE

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