

Mar 20 1997 8:00am
Secretary of State

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

[illegible]

**2001 SOUTH WASHINGTON AVE
TITUSVILLE FL 32780-4738**

3. Date Incorporated or Qualified 10/11/1978		3a. Date of Last Report 03/15/1996	
4. FEI Number 59-0883124		<input type="checkbox"/>	Applied For
		<input type="checkbox"/>	Not Applicable
5. Certificate of Status Desired		<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2a. Mailing Address

Suite, Apt. #, etc.

27 _____
City & State

Zip _____ Country _____

24 25 29
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEFOREST,CARLTON JR.
2001 SOUTH WASHINGTON AVE
TITUSVILLE FL 32780

81	Name
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82	Street Address (P.O. Box Number is Not Acceptable)
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83

84	City
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FL

85	Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am making with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____

Silene spaldingii Spalding on p. 68; name of species listed again and type localities.

(NOTE: Registered Agent signature required when reinstating.)

DATE _____

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TYPE	PST	<input type="checkbox"/> DEL FTE
NAME	DEFOREST, CARLTON JR	
SUBJECT ADDRESS	2579 CHERRYWOOD LN	
CITY-STATE	TITUSVILLE FL	

11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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FILE	<input type="checkbox"/> DELETE
NAME	
STATE/ADDRESS	
CITY/ST/ZIP	

21 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE	

31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY STATE		

4.1 TITLE ☐ Change ☐ Addition

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY STATE ZIP	

51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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UNIT	<input type="checkbox"/> DELETE
NAME	
SUBJECT ADDRESS	
CITY-STATE	

61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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 reported 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 with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

On

Daytime Phone #

CR2E034 (9/96)