COF ANNI	PROFIT RPORATION JAL REPORT <b>1997</b>	ING FEE AI		FLORIDA DEPAR <b>Sandra B</b> Secretar DIVISION OF C	. Mortha	m		May 01 Secret			
CARY A	MENT # 60 WILLIAMS, D.M			(4)							
Principal Plac 1303 W FLETCI TAMPA FL 336 US	HER AVE		1303 W	g Address EST FLETCHER AVI FL 33612-3310	E					, , , , , , , , , , , , , , , , , , ,	<b>9:4</b> 11 <b>42 9</b> 1
								3. Date Incorporated or Qualifie 12/30/1968		Date of Last Re 4/16/1996	
2. Principal P	Place of Business		2a. Ma 26	iling Address				4. FEI Number 59-1229573			plied For Applicable
Suite, Apt.	#, etc.			te, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	Additional
City & Stat	6			y & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 4	Cour 25		Zip 29		Coun 30	iry		8. This corporation has liability Florida Statutes	🗌 Yes	No	199.032
WILL	9. Name and Add JAMS, GARDEYN A	<	legislere	d Agent		81 Name	)   ;	10. Name and Address of New Illiams. Cary	Registere	d Agent	·
	9 w Fletcher ave Pa Fl 33612		/			32 Street	Addres	ss (P.O. Box Number is Not Accep	itable)		
						20					
					Ļ	33 84 City			F	<b>85</b> Zip (	Code
office or i agent. I a	registered agent, or bo am familiar with, and a	oth, in the State of ccept the obligatio	Florida, So ons of, So	Such change was a ction 607.0505, Flo	es, the abr authorized orida Statu	B4 City ove-named by the contest.	rporatio	ration submits this statement for th n's board of directors. I hereby ac	E purpose cept the a	of changing its pointment as	s registere
office or i agent. I a SIGNATURE 12.	registered agent, or bo am familiar with, and an Signature, typed or printed na	oth, in the State of ccept the obligatio	Florida, Sons of, So	Such change was a ction 607.0505, Flo nicable (NOTI	es, the abr authorized orida Statu F Registered 13.	84 City ove-named by the cor tes. Agent signatur	rporatio	ration submits this statement for th n's board of directors. I hereby ac when reinstatug) ADDITIONS/CHANGES TO OF	e purpose cept the a	D DIFFECTOR	s registere registered S IN 12
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