FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 602069

(7)

SKELTON, KETCHAM, VON GOEBEN, BRYANT & PERKINS, P.A., CERTIFIED PUBLIC ACCOUNTANTS

Principal Place of Business

Mailing Address

1320 THOMASWOOD DRIVE TALLAHASSEE FL 82312

1320 THOMASWOOD DRIVE TALLAHASSEE FL 32312-2914

FILED Apr 24 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified 04/30/1970	!	Date of Last Report 04/29/1996		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ā	Applied For	
21		26			59-1289339			Not Applicable		
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State)	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country	Z _(p)	Cou	intry						
24	25 29 30			13		8. This corporation has liability for i	ntangible t] Yes = [s. 199.032,	
9, Name and Address of Current Registered Agent				'IT		10. Name and Address of New Registered Agent				
OVE				81	Name	Tot Trains and Fraution of How the	gistored A	gont		
SKELTON JR.BENSON L										
1320 THOMASWOOD DRIVE TALLAHASSEE FL 32312				82 Street Address (P.O. Box Number is Not Acceptable)						
			į	84	City	.,	FL	85 Zip	Code	
11. Pursuant to office or reagent. Lar	o the provisions of Sections 607 050 ogistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607,1508, Florida of Florida Such change ations of, Section 607.05	Statutes, the allowers was authorize 005, Florida Stat	bove d by lutes	named or the corpo	orporation submits this statement for the p ration's board of directors. I hereby accep		changing intment a	its registered s registered	
GIGINATORE ,	Signature, typed or printed name of registered age	of and file if applicable	(NOTC Registere	d Age	nt signature rec	quired when reinstating)	DA1(
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	
TITLE	PD DELETE		FE 1.1 Tr	11 f				Change	Addition	
NAME	SKELTON JR,BENSON L		1,2 N	ΛME						
STREET ADDRESS	1320 THOMASWOOD DRIVE		1.3 \$1	IBECT	ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL 32312				T-7IP					
TITLE	D	DELE						Change	Addition	
NAME	VONGOEBEN, ROLAND		2.2 N/	AME						
STREET ADDRESS	1320 THOMASWOOD DRIVE			23 SIREET ADDRESS						
CITY-ST-ZIP	TALLAHASSEE FL 32312		1		1 · ZIP					
TITLE		Πput			-			Change	Addition	
NAME			3,2 N/					onungs		
STREET ADDRESS					ADDRESS					
1										
CITY-ST-ZIP TITLE		DELE			1-2P		T	Change	Addition	
NAME			4.2 N		İ		L		L. AOMION	
STREET ADDRESS					11-DDCCC					
					ADDRESS					
CITY-ST-ZIP		T DELE	4.4 01		1-7IP			7 0		
TITLE		ווון ניין					L	Change	Addition	
NAME			5.2 N/							
STREET ADDRESS			5.3.51	HEET	ADDRESS					
CITY-ST-ZIP			540		1 · 20P					
TITLE	*	☐ DELF	IE 6.1 Tr	TLF			Į.	Change	Addition	
NAME .			6.2 N/	3MA						
STREET ADDRESS			6.3 \$1	KE E 1	ADDRESS				ļ	
CITY-ST-ZIP			6.4 CI	1Y - S1	1- ZIP				İ	
14. I do hereb	y certify that the information supplied	d with this filing does no	t qualify for the	exe	mption stat	ed in Section 119.07(3)(i), Florida Statutes	. I further o	ertify tha	t tho	

I am an officer or director of the 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 13 if changed, or on an attachment with an address

SIGNATURE.

RI Out

RI SKELTUNTA