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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 602080

(4)

**NEILL GRIFFIN JEFFRIES & LLOYD CHARTERED** 

Principal Place of Business
311 S SECOND ST
FT PIERCE FL 34960
118

Mailing Address

P O BOX 1270 FT PIERCE FL 34954



					<ol> <li>Date Incorporated or Qualified</li> <li>05/07/1970</li> </ol>	3a. Date	of Last 2/28/	
	lade of Business	2a. Mailing Address			4. FEI Number		T	Applied For
21		26			59-1289417			Not Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired			75 Additional e Required
City & State	e · · · · · · · · · · · · · · · · · · ·	City & State			Election Campaign Financing     Trust Fund Contribution			.00 May Be
- Zip	Country	Zip	Cou	ntry	8. This corporation has liability for in	ntangible tax		
24	25	29 30				□No		,
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	egistered A	genl	
			İ	B1 Name				
NEILL,	RICHARD V		}	82 Street Ad	ddress (P.O. Box Number is Not Acceptable	<u>., </u>		
311 S 2ND ST				OZ SILECTAL	doress (F.O. Box Number is Not Acceptable	θj		
FORT I	PIERCE FL 34950		Ì	83		·		
				84 City		FL	85	Zip Code
11. Parsuant t	to the provisions of Sections 607,0502	and 607,1508. Florida Stati	utes the abov	e-named corr	poration submits this statement for the purp oard of directors. I hereby accept the appo			
SIGNATURE .	Standard typed or printed name of registered agent.  OFFICERS AND			Agurt signature req	nired when ronstating	DATE		
101E	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC			
NAM	IEEEDIEG MICHAEL	DELETE	1.1 1/1				Change	e 🔲 Addition
	JEFFRIES, MICHAEL		1.2 NAI	ì				
STREET ADDINESS	311 SOUTH 2ND ST		1.3 STF	EET ADDRESS				
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	FORT PIERCE, FL 00000			Y · \$1 - ZIP				
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The best of the control of the mormation supplied with this mind is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certily 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 with an address

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

116/86 407-464-8200