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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 607522

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H & D C Principal Place 100 MAIN STRI MAYO FL 3206	EET	Mailing Address 100 MAIN STREET MAYO FL 32068	- -					
					3. Date Incorporated or Qual 01/23/1979	1	e of Last Re 2/1996	eport
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Veje		plied For
1		26			59-1986379		<b></b>	t Applicable
Suite Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desire	d 🗆	\$8.75	
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City & State	e	City & State			Election Campaign Financ  Trust Fund Contribution	ing 🖂	\$5.00	
Zip	Country	Zip	Count	rv	Trust Fund Contribution  8. This corporation has liability		Added t	
4)	25	29	30	•	Florida Statutes		No	185.032,
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of Ne	w Registered A	gent	
DRI\	VER, PERNELL		8	1 Name				
100	MAIN ST.		8	2 Street Ad	ddress (P.O. Box Number is Not Acc	eptable)	<del></del>	
MAY	(O FL 32066		\ <u></u>	<u> </u>	······································	· · · · · · · · · · · · · · · · · · ·		
			8	3				
			8	4 City	<del></del>	FL	85 Zip (	Code
11 Pursuant t	to the provisions of Sections 607 (	0502 and 607 1508 Florida Statu	les the abo	ve-named c	organism submits this statement for	the purpose of	changing its	s registerer
office or re	to the provisions of Sections 607.0 registered agent, or both, in the St im familiar with, and accept the ob-	late of Florida. Such change was	authorized I	by the corpo	oration's board of directors. I hereby	accept the appo	sintment as	registered
aggent rac	un ramiliar wath, and accept the or				,			
	Thelman 1	This	onda Statur	es. 211/ <i>C-P</i>	,	11.111.97	>	
	Signer of types or printed name of registration	wine - Thela	nA DR	IVER	quired when reinstating)	4-14-97 DATE	<del>-</del>	<del></del>
SIGNATURE	Signs of typed or printed name of registration OFFICERS	agent and title if applicable. (NO AND DIRECTORS	nA DR	IVER	, 	4-14-97 DATE OFFICERS AND	DIRECTOR	S IN 12
SIGNATURE.	Signs of sylves or printed name of regions OFFICERS	agent and title if applicable. (NO	A DIC E Regislered A	JVER gent tignature re	equired when reinstating)	4-14-97 DATE OFFICERS AND	<u> </u>	S IN 12
SIGNATURE	OFFICERS PD DRIVER, PERNELL	agent and title if applicable. (NO AND DIRECTORS	TE Registered A  13.  1.1 TITLE  1.2 NAM	PIVER gent signature re	equired when reinstating)	9-19-97 DATE OFFICERS AND	DIRECTOR	S IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	OFFICERS PD DRIVER, PERNELL 100 MAIN ST.	agent and title if applicable. (NO AND DIRECTORS	TE Regislared A  13.  1.1 TITLE  1.2 NAMI  1.3 STRE	gent signature re	equired when reinstating)	9-19-97 DATE OFFICERS AND	DIRECTOR	S IN 12
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SIGNATURE:

Kelman White The Sim DRIVER
ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-97

**FILED** 

Apr 17 1997 8:00am

Secretary of State

904.294.2379

0613002