## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 1. Corporation Name

(0)

Principal Place of Business Maring Address  100 44TH AVENUE FACT										
1209 44TH AVENUE EAST Bradenton FL 34203			1209 44TH AVENUE EAST BRADENTON FL 34203					T 2		
							3. Date fricorporated or Qualified 02/20/1979		of Last Re 5/01/19	
2. Principal Place of Business			i. Mailing Address				4. FEI Number 59-1890325		Applied For Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			City 8 State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Ζφ	Zip Country		Ζφ	30	ontry		8. This corporation has liability for intangible tax under s 199.032 Florida Statutes			199.032,
24	9. Name and Address of Curren	29 t Regis	tered Agent		Т		10. Name and Address of New R		Agent	
	g. Hame and Hadisas of Carlot				81	Name				
GLASGOW, LOYD					82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
1209 44TH AVENUE EAST BRADENTON FL 34203										
DRAUE	NION FL 34203				83	<u> </u>				ip Code
					84	City		FL	85 Zi	p Code
familiar wit SIGNATURE	ed agent, or both, in the State of Florish, and accept the obligations of, Sect	ion 607.	.0505, Florida Statutes	S.			and of directors. Thereby accept the app	<u> </u>		
12.	OFFICERS AN	D DIREC		13			ADDITIONS/CHANGES TO OFF			
TITLE	PD		☐ DELEKE	1.1	Mi			[	Change	Addition
NAME	GLASGOW, LOYD H				NAM					
STREET ADDRESS	4608 HWY. 41 NORTH					LADDRESS				
CITY - ST - ZIP	PALMETTO FL				CHY S	51 - ZIP			T Change	Addition
1 TLE	GLASGOW, MICHAEL S.		☐ DETEIE		THE			·	T cuantite	
NAME	719 46TH ST CRT EAST				NAM:	LADDRESS				
STREET ADDRESS	OALMETTO FL					ST ZIP				
CITY-ST ZIP	\$		DELETE		TITLE	31 21		<u> </u>	Change	Addition
NAME	OAKES, L.W.				NAME					
STREET ADDRESS	4005 62ND ST EAST			33	STREE	F ADORESS				
CITY - ST - ZIP	BRADENTON FL			3.4	CITY	S1 - ZIP				
TITLE			[] DELFTE		1 TITLE				Change	☐ Addition
NAME				4.2	NAM	1				
STHEET ADDRESS				4.3	STHEE	LADDRESS				
CITY - ST - ZIP				4.4	CITY	S1 - 71P				
TITLÉ			☐ DELEJE	5	111111			1	Change	Addition
NAME				5.2	NAM					
STREET ADDRESS				5.3	STRIE	FADDRESS.				
CITY-ST-ZIP						\$1 - ZIF				T Alec.
TATLE			☐ DELETE		1 ToTL è				Change	Addition
NAME					NAME					
STREET ADDRESS						LADDRESS				
0.7.1 (1.7.0)	1			6.4	CHA.	ST_ZIP				

64 City ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 O7(3)(k). Florida Statutes. I further certify 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 coath, that I am an efficer 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 12 of Block 11 of Block 12 of Block 13 of Block 14 of Block 15 of Block

SIGNATURE:

o is there, boundary SIGNATURE AND TYPED ON PRINTED NAME OF CER OR DIRECTOR