COF	PROFIT RPORATION UAL REPORT 1996		(2)	lra B. Mo retary of	ortham State					
1. Corporatio	MENT # IA TRAIL, INC.	612950	3 (0)	•					
Principal Place	of Business		Mailing Address		· · · · · · · · · · · · · · · · · · ·					
81 CUNN NEW SM	iingham drive Yrna beach fl 32168	•	81 CUNNINGHAN NEW SMYRNA B		32168					
0 Division							3. Date Incorporated or Qualified 03/14/1979	3a. Date	e of Last F 04/25/	•
1	ace of Business		2a. Mailing Address 26				4. FLI Number 59-1921996			Applied For Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			*****	5. Certificate of Status Desired		\$8.75	Additional Required
City & State)		City & State			····	Election Campaign Financing Trust Fund Contribution	П	\$5.0	0 May Be
Zip 4	Coun 25	try	Zip 29	30	Country		8. This corporation has liability for Florida Statutes Yes			d to Fees 199.032,
·····	9. Name and Add	ress of Current Re	gistered Agent	·	81	Name	10. Name and Address of New I	Registered	Agent	
5 A /1 A1/00										
	JNNINGHAM DR	* 00000			82	Street Add	ress (P.O. Box Number is Not Acceptal	ole)	,	
81 CU NEW	JNNINGHAM DR SMYRNA BEACH F	tions 807 0502 and	(3/7 1509 Elogida State	dos the	83 84	City		FL	<u> </u>	p Code
9. Pursuant to or registers familiar with GIGNATURE	JNNINGHAM DR SMYRNA BEACH F o the provisions of Sec ed agent, or both, in th h, and accept the oblig Signature, typed or printed non	stions 607,0502 and e State of Florida S jations of, Section 6 of registeral agent and to	07.0505, Florida Statut ଜ ଖ ଜୁନ୍ଦ ଅଧ୍ୟକ୍ତି ଓଡ଼ିଆ	1200 by (1 35. 1016 Regis	83 84 above-nhe corpo	City lamed corpor pration's boar	ration submits this statement for the puriod of directors. I hereby accept the app	FL rpose of che ointment as	anging its registered	egistered office lagent. I am
81 CUNEW 1. Pursuant to register familiar with signature 2. The	JNNINGHAM DR SMYRNA BEACH F o the provisions of Sec ed agent, or both, in th h, and accept the oblig Skiphature, typed or pricinal nan	stions 607.0502 and e State of Florida Si jations of, Section 6 of registered age at and to OFFICERS AND DIF	07.0505, Florida Statut ଜ ଖ ଜୁନ୍ଦ ଅଧ୍ୟକ୍ତି ଓଡ଼ିଆ	98. NOTE: Regis	83 84 above-n	City lamed corpor pration's boar	ration submits this statement for the pure of directors. I hereby accept the app	FL rpose of cha ointment as	anging its registered	egistered office lagent. I am
81 CUNEW 1. Pursuant to register familiar with siGNATURE 2. IIILE AME TREET ADDRESS	JNNINGHAM DR SMYRNA BEACH F o the provisions of Sec ed agent, or both, in th h, and accept the oblig Signature, typed or privided non PTD WHITE,T.J. DF 81 CUNNING	stions 607.0502 and e State of Florida S jations of, Section 6 of registered agent and to OFFICERS AND DIF AMDR	07.0505, Florida Statut ह विकास स्वर्था RECTORS	38. NOTE Regis	83 84 above-nhe corpo	City anned corpor pration's boar signature require	ration submits this statement for the puriod of directors. I hereby accept the app	FL rpose of cha ointment as	anging its registered	egistered office lagent. I am
81 CUNEW 1. Pursuant to register familiar with siGNATURE 2. ILLE AME TREET ADDRESS TY-SI-ZIP	JNNINGHAM DR SMYRNA BEACH F o the provisions of Sec ed agent, or both, in th h, and accept the oblig Signature, typed or pricingles PTD WHITE,T.J. DF	stions 607.0502 and e State of Florida S jations of, Section 6 of registered agent and to OFFICERS AND DIF AMDR	07.0505, Florida Statut ह विकास स्वर्था RECTORS	1 1 1	above-nhe corporatived Agent 13.	City amed corpor pration's boar signature require	ration submits this statement for the puriod of directors. I hereby accept the app	FL rpose of cha continent as DATE ICERS AND	anging its registered	egistered office agent. I am PRS IN 12
81 CUNEW 1. Pursuant to register familiar with self-shaulter with sel	JNNINGHAM DR SMYRNA BEACH F of the provisions of Secend agent, or both, in thin, and accept the oblig Signature, typed or printed nan PTD WHITE,T.J. DF 81 CUNNINGS NEW SMYRNA SD KIMBALL,WILL 2002 MIKE ST	etions 607.0502 and the State of Florida S pations of, Section 6 to of registered age at and to OFFICERS AND DIF AMAIDR A BEACH FL	07.0505, Fiorida Statut It il epotado (SECTORS)	1 1 1 1 2 2 2 2 2	above-inhe corporation of the co	City samed corpor pration's boar signature require ADDRESS 1-ZIP	ration submits this statement for the puriod of directors. I hereby accept the app	FL rpose of cha continent as DATE ICERS AND	anging its registered	egistered office lagent. I am
81 CUNEW 1. Pursuant to register familiar with the second	JNNINGHAM DR SMYRNA BEACH F of the provisions of Secent agent, or both, in the high accept the oblight of the collection of the collectio	etions 607.0502 and the State of Florida State of Republic State of Rep	07.0505, Fiorida Statut It il epotado (SECTORS)	1 1 1 1 2 2 2 2 2 2	above-inhe corporation of the co	City samed corpor pration's boar signature require ADDRESS 1-ZIP	ration submits this statement for the puriod of directors. I hereby accept the app	FL rpose of cha ointment as DATE ICERS AND	anging its registered	egistered office agent. I am PRS IN 12
81 CUNEW 1. Pursuant to register familiar with signature 2. IILE AAME TREET ADDRESS ITY- ST-ZIP TILE AAME IRREET ADDRESS ITY- ST-ZIP TILE AAME	JNNINGHAM DR SMYRNA BEACH F of the provisions of Secent agent, or both, in the high accept the oblight of the collection of the collectio	etions 607.0502 and e State of Florida S pations of, Section 6 o of registered agent and to OFFICERS AND DIF R HAM DR A BEACH FL JAM J ONA FL	(07.0505, Florida Statut.	1 1 1 1 2 2 2 2 2 3 3 3 3 3 3	above-nhe corporate of Agent 13. 1 11/LE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 3 STREET 3 STREET 3 STREET 3 STREET	City Jamed corpor pration's boar Signature require ADDRESS 1-7/P ADDRESS 4-7/P ADDRESS	ration submits this statement for the puriod of directors. I hereby accept the app	FL rpose of cha ointment as DATE ICERS AND	anging its in registered DIRECTO Change Change	egistered office agent. I am PRS IN 12 Addition
81 CUNEW 1. Pursuant to register familiar with signature 2. THE AMME TREET ADDRESS ITY-ST-ZIP THE	JNNINGHAM DR SMYRNA BEACH F of the provisions of Secent agent, or both, in the high and accept the oblig signature, typed or printed han PTD WHITE,T.J. DF 81 CUNNINGH NEW SMYRNA SD KIMBALL,WILL 2002 MIKE ST SOUTH DAYTH	etions 607.0502 and e State of Florida S pations of, Section 6 o of registered agent and to OFFICERS AND DIF R HAM DR A BEACH FL JAM J ONA FL	(07.0505, Florida Statut.	22 2 2 2 3 3 3 3 3 3 3 3 3 5 5 5 5 5 7 5 7 5 7 5	above-nhe corporate Agent 13. 1 11/LE 2 NAME 3 STREET 1 1/LE 2 NAME 4 CITY-SI 1 TITLE 2 NAME 2 NAME 2 NAME 2 NAME 3 STREET 1 TITLE 2 NAME	City Jamed corpor pration's boar Signature require ADDRESS 1-7/P ADDRESS 4-7/P ADDRESS	ration submits this statement for the puriod of directors. I hereby accept the app	rpose of cha ointment as DATE ICERS AND	anging its in registered DIRECTO Change Change	egistered office agent. I am PRS IN 12 Addition
81 CUNEW 1. Pursuant to register familiar with self-shape self-sh	JNNINGHAM DR SMYRNA BEACH F of the provisions of Secent agent, or both, in the high accept the oblight of the collection of the collectio	etions 607.0502 and e State of Florida S pations of, Section 6 o of registered agent and to OFFICERS AND DIF R HAM DR A BEACH FL JAM J ONA FL	O7.0505, Florida Statut. -	1 1 1 1 1 1 2 2 2 2 2 3 3 3 3 4 4 4	above-nhe corporate of Agent 13. 1 11/LE 2 NAME 3 STREET 4 C/TY-ST 1 TITLE 2 NAME 3 STREET 4 C/TY-ST 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 1 TITLE 2 NAME 2 NAME 3 STREET 1 TITLE 2 NAME	City anned corpor pration's boar signature requires ADDRESS 1-7/P ADDRESS -7/P ADDRESS -7/P	ration submits this statement for the puriod of directors. I hereby accept the app	rpose of cha ointment as DATE ICERS AND	anging its in registered DIRECTO Change Change Change	egistered office agent. I am PRS IN 12 Addition Addition Addition
81 CUNEW 1. Pursuant to register familiar with the control of the	JNNINGHAM DR SMYRNA BEACH F of the provisions of Secent agent, or both, in the high accept the oblight of the collection of the collectio	etions 607.0502 and e State of Florida S pations of, Section 6 o of registered agent and to OFFICERS AND DIF R HAM DR A BEACH FL JAM J ONA FL	O7.0505, Fiorida Statut. In Egyptische. DELETE DELETE DELETE	1 1 1 1 1 1 1 2 2 2 2 2 3 3 3 3 4 4 4 4 4 4 4	above-nhe corporate of the corporate of	City lamed corpor pration's boar signature requires ADDRESS - 7/P ADDRESS - 7/P ADDRESS	ration submits this statement for the puriod of directors. I hereby accept the app	FL rpose of charointment as	anging its in registered DIRECTO Change Change Change	egistered office agent. I am PRS IN 12 Addition Addition Addition
81 CUNEW 1. Pursuant to or register familiar with IGNATURE 2. ILLE MME REET ADDRESS TY-ST-ZIP ILE MME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS IY-ST-ZIP LE MME ME M	JNNINGHAM DR SMYRNA BEACH F of the provisions of Secent agent, or both, in the high accept the oblight of the collection of the collectio	etions 607.0502 and e State of Florida S pations of, Section 6 o of registered agent and to OFFICERS AND DIF R HAM DR A BEACH FL JAM J ONA FL	O7.0505, Florida Statut. -	35. Sept. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	above-nhe corporate to the corporate to	City lamied corpor pration's boar signature requires ADDRESS - 7/P ADDRESS - 7/P ADDRESS - 2/P	ration submits this statement for the puriod of directors. I hereby accept the app	FL rpose of charointment as	anging its in registered DIRECTO Change Change Change	egistered office agent. I am PRS IN 12 Addition Addition Addition
81 CUNEW 1. Pursuant to or registers familiar with self-shape sel	JNNINGHAM DR SMYRNA BEACH F of the provisions of Secent agent, or both, in the high accept the oblight of the collection of the collectio	etions 607.0502 and e State of Florida S pations of, Section 6 o of registered agent and to OFFICERS AND DIF R HAM DR A BEACH FL JAM J ONA FL	O7.0505, Fiorida Statut. In Englishe 6 0 RECTORS DELETE DELETE DELETE	35. S S S S S S S S S S S S S S S S S S S	above-in he corporate of the corporate o	City anned corpor pration's boar signature requires ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP	ration submits this statement for the puriod of directors. I hereby accept the app	rpose of cha ointment as DATE ICERS AND	anging its in registered DIRECTO Change Change Change Change	egistered office agent. I am PRS IN 12 Addition Addition Addition Addition Addition
81 CUNEW 1. Pursuant to register familiar with signature 2. IILE AAME TREET ADDRESS ITY-ST-ZIP TILE AAME TREET ADDRESS ITY-ST-ZIP	JNNINGHAM DR SMYRNA BEACH F of the provisions of Secent agent, or both, in the high accept the oblight of the collection of the collectio	etions 607.0502 and e State of Florida S pations of, Section 6 o of registered agent and to OFFICERS AND DIF R HAM DR A BEACH FL JAM J ONA FL	O7.0505, Fiorida Statut. In Egyptische. DELETE DELETE DELETE	20011	above-in he corporate of the corporate o	City anned corporation's boar signature requires ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP	ration submits this statement for the puriod of directors. I hereby accept the app	rpose of cha ointment as DATE ICERS AND	anging its in registered DIRECTO Change Change Change	egistered office agent. I am PRS IN 12 Addition Addition Addition