PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPAR Sandra E Secreta	ITMENT OF STATE B. Mortham by of State CORPORATIONS		
DOCU 1. Corporation	MENT # 626982	2 (3)			
JIM DI	REHER, INC.			I HARIYA AYYIN MORA BININ TOLOH KOMI	B 2001 OLON ANGU ANGU ANGU ANGU ANGU ANGU
Principal Plac	ce of Business	Mailing Address		-	
3119 BLUFF BLVD. 3119 BLUFF BLVD. P.O.BOX 907(NEW PT.RICHEY.FL.346560907) HOLIDAY FL 34691 HOLIDAY FL 34691				2 Data laconomista of all fa	
2 Principal 6	Place of Business	0-14-7		3. Date Incorporated or Qualifie 06/21/1979	d 3a. Date of Last Report 05/01/1995
21 1518	U.S. HIGHWAY 19		HIGHWAY 19	4. FEI Number 59-2062390	Applied For Not Applicable
Suite, Apt.		Suite, Apt #, etc 27 SUITE C	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Star 23 HOL		City & State	F	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees or intangible tax under s 199.032.
24 346	9. Name and Address of Current	29 31611 Registered Agent	30 USA	Florida Statutes 10. Name and Address of New I	Yes No
	REHER, JAMES		81 Name		
	19 Bluff Road Dliday fl 34691			ess (P.O. Box Number is Not Accept	able)
			83 SUI	•	· · · · · · · · · · · · · · · · · · ·
			84 City HO	LIBAY	FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the Shite of imfamiliar with, and accept the obligat	and 607.1508, Florida Statutes of Florida Such change was au	the above-named corporate thorized by the corporate	oration submits this statement for the on's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
SIGNATURE		- JAMES DEE	hen Idousede	J- #	5/25/96
12.	Storture, typically positive entire of registered agen. OFFICERS AND		Registered Agent signature require 13.	ed when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 (0)
TITLE '	S Dreher, Mary S	DELETE	1 1 TITLE		Change Addition 660
STREET ADDRESS	3119 BLUFF BLVD.		1.3 STREET ADDRESS		034
CITY-ST-ZIP TITLE	HOLIDAY FL		1.4 CITY - S1 - ZIP		A2E
NAME	PO Dreher, James	DELETE	2 1 11FLE 2 2 NAME		Change Addition O
STREET ADDRESS	3119 BLUFF BLVD.		2 3 STREET ADDRESS		
CITY - ST - ZIP TITLE	HOLIDAY FL	DELETE	2 4 CIRY - ST - ZIP 3 1 TITLE		Change Addition
NAME		<u> </u>	3 2 NAME		Audition
STREET ADDRESS CITY-S1-ZiP			3.3 STREET ADDRESS 3.4 CHTY-ST-ZIP		
TITLE		DELETE	41 TITLE		Change Add tion
NAME Street address			4 2 NAME 4 3 STREET ADORESS		j
CITY-ST-ZIP			4 4 CIFY - ST - ZIP		
TITLE NAME		L DELETE	5 1 TITLE 5 2 NAME		Change Addition
STHEET ADDRESS			5 3 STREET ADDRESS		
CITY+ST-ZIP TITLE		DELETE	5.4 CrTY - ST - ZIP 6.1 TIFLE		Change Add tion
NAME			62 NAME		Change Add Boll
STREET ADDRESS CITY-ST-ZIP			6 3 STREET ADDRESS		
14. I do hereb	by certify that the information supplied in rtify that the information indicated on the ler oath, that I am an officer or director.				
made und that my na	ler oath, that I am an officer or director irne appears in Block 12 or Block 13 if c	changed, or on an attachment	with an address	to execute this report as required by	Chapter 617, Florida Statutes, and
SIGNAT	\sim	Al	JAMES DO	where 6/25/96	013.932.636
		RINTED NAME OF SIGNING OFFICER OF		==: - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	・ ・ ・ こりょう (708) トー