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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 632144

(2)

Mailing Address

CORDOBA, INC

Principal Place of Business

% PINCH A PENNY #5 3025 LAKELAND HIGHLANDS RD., LAKELAND FL 33803		% PINCH A PENNY #5 3025 Lakeland Highlands Rd Lakeland Fl 33803-4339						·	
						3. Date Incorporated or Qualified 08/07/1979		te of Las 5/199	st Report 6
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For
21		26				59-1925318			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional			
22		27				or continues of States Desired		Fee	Required
City & Stat	0	City & State				6. Election Campaign Financing	p	\$5.0	00 May Be
7.0		28]				Trust Fund Contribution	لنوا		ed to Fees
Zιρ	Country	Ζφ	30 Cou	ıntry	,	8. This corporation has liability for in			er s. 199.032,
25 29 29 9. Name and Address of Current Registered Agent				Fiorida Statutes 1/2 Yes No 10. Name and Address of New Registered Agent					
MOC		ent negistered Agent		81	Name	10. Name and Address of New Reg	listoleti v	Agent	
MCGEE, JAMES D					140710				
1112 HALLAMWOOD COURT LAKELAND FL 33813				82 Street Address (P.O. Box Number is Not Acceptable)			le)		
LAN	EDANU FL 33613			83					
				63					
				84	City		774	85 2	ip Code
44 Durawant	to the page delegation of Continue CO7 O	(00 007 4500 FL-24- 00-1		<u>L</u>	ļ	poration submits this statement for the p	FL	<u> </u>	
SIGNATURE	Signature, typical or printed name of registered a	*	DTE: Registered	d Age	ent signature requ	ired when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·	
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	ORS IN 12
TITLE	P	☐ DELETE	1.1 T/	TLE	1			Chan	ge 🔲 Addition
NAME	MCGEE, JAMES D.		1,2 N/	AME					
STREET ADDRESS	1112 HALLAMWOOD CT		1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	LAKELAND FL		1.4 CI	TY-S	ST-ZIP				
TITLE	S	☐ DELETE	2.1 10	TLE				Chang	ge Addition
NAME	MCGEE, KAY H.		2.2 NA	AME					
STREET ADDRESS	1112 HALLAMWOOD CT		2.3 \$1	REET	ADDRESS	•			
CHY+ST+ZIP	LAKELAND FL		2. 4 C	ITY - S	ST-ZIP				
TITLE		☐ DELETE	3.1 Tri	LLE				Chang	ge 🔲 Addition
NAMÉ.			3.2 NA	AME					
STREET ADDRESS			3.3 \$1	REET	ADDRESS		-		
CITY - ST - ZIP		T (a			ST-ZIP				······································
TITLE		☐ DELETE	4.1 T/1					Chang	ge 🔲 Addition
NAME			4. 2 N						
STREET ADDRESS			4.3 ST	REET	ADORESS				
DITY - ST - ZIP		Contre	4.4 CI	_	T-ZIP			————	
TITLE		☐ DELETE	5.1 11					Chang	ge 🔲 Addition
NAME			5.2 NA						
STREET ADDRESS			5.3 \$T	REET	ADDRESS				
C(TY - ST - Z(P		□ octove			T-ZIP	·		· .	
TITLE		DELETE	6.1 717					L Chang	ge 🗀 Addition
NAMÉ			6.2 NA						
STREET ADDRESS			6.3 \$T	REET	ADORESS				
CITY OF THE			=						

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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.