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

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COCPO	CILI	(11.1	DELLIE		
P.	Δ١	2	PO	210	INC

Phincipal Place of Business Mailing Address

RT 1 STENSTROM RD PO BOX 1324 WAUCHULA FL 33873

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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RT 1 STENSTROM RD

2a. Mailing Address

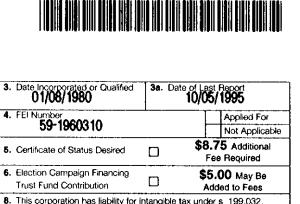
City & State

Suite, Apt. #, etc.

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PO BOX 1324 WAUCHULA FL 33873



ľφ	Country 25	Zip 29	30 Co.	intry	ry 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No				
9. N	lame and Address of	Current Registered Agent		10. Name and Address of New Registered Agent					
DEER, JOHN RT 1 BOX 4	5			8 1					
WAUCHULA	FL 33873			83 84					

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.	Update: Typard or printed name of registered agent and title if. OFFICERS AND DIRECT		TE: Registered Agont signature required 13.	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
· · · · · · · · · · · · · · · · · · ·	PD OFFICERS AND DIREC	DELETE	·	
HILE	SCHRADER, EMMETT LEON	Deter	1. 1 TITLE	Change Addition
NAM(RT 1, STENSTROM RD.		1.2 NAME	
STREET ADDRESS	WAUCHULA FL		1.3 STREET ADDRESS	
City - ST - ZIP	SD		1.4 CHTY - ST - ZIP	
TIELF	SCHRADER, PATTY JO	DELETE	2. 1 TITLE	☐ Change ☐ Addition
NAME			2 2 NAME	
STHEET ADDRESS	RT. 1, STEMSTROM RD.		2.3 STREET ADDRESS	
City St. ZiP	WAUCHULA FL		2 4 CITY - ST - ZIP	
THE		□ DELETE	3 1 TIFLE	Change Addition
NAME			3 2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CHY-\$1-20P			3 4 CITY-ST-ZIP	
TILE		DELETE	4 1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CIY SI ZP			4.4 CiTY-ST-ZIP	
TIFLE	,	DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			52 NAME	_ · · · · ·
STHEET ADDRESS			5.3 STREET ADDRESS	
CD*+SE ZIP			5.4 CITY - ST - ZIP	
Tillef		DELETE	6 1 TITLE	Change Addition
NAMI			62 NAME	
STREET ACORESS			6 3 STREET ADDRESS	
COV CL 200			E 4 CITY OF 710	

14. Lide hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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.

Emmett 1 Schrader 1-17-96

Daytime Phone #