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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNU	JAL REPORT 1997		Sandra B. Mort Secretary of Standard OF CORPO		te	Secretary of State	
1, Corporation	MENT # 67 Eptic tank sef		(2)			L IRRAIN OSINI KERIO MEGA DIGA DIGA	RALOLAH AKAN BUNU BUNU OLAH AKAN MUL
Principal Place of Business 2021 N E 20TH STREET OCALA FL 34470 US		2021 A	Mailing Address 2021 N E 20TH STREET OCALA FL 34470-3820 US				
						 Date Incorporated or Qualifie 06/04/1980 	ed 3a, Date of Last Report 04/29/1996
2. Principal P	lace of Business	2a. M	ailing Address			4. FEI Number 59-2007099	Applied For Not Applicable
Suite, Apt	#, etc.	St 27	iite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	Ci 28	ty & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Count 25	29		30 Co	untry	This corporation has liability Florida Statutes	for intangible tax under s. 199.032, Yes No
		ess of Current Register	ed Agent			10. Name and Address of New	Registered Agent
ONE	NAGAN, GREGORY S NE FIRST AVE, SU LA FL 34470				81 Name 82 Street Ac 83	Sandra J. Augusti dress (P.O. Box Number is Not Accep 108 N. Magnolia A	otable)
					84 City	Oca1a	FL 85 Zip Code 34478
CICKIATURE	- IlmyXIX	otions 607 0502 and 607. It, in the State of Floridal cert the obligations of S				orporation submits this statement for the ration's board of directors. I hereby acquired when reinstating)	ne purpose of changing its registered coept the appointment as registered 4/9/97
12.	$\mathcal{J}_{\mathcal{I}}$	OFFICERS AND DIRECTO		13.		ADDITIONS/CHANGES TO O	FICERS AND DIRECTORS IN 12
1111.5	PD		DELETE	1.1 T	ITLE		Change Addition
NAME	MILLS, JOHN R.			1.2 N	1		
STREET ADDRESS	376 SE 52 CT OCALA FL			#	TREET ADDRESS		1
City ST-70°	TSD		DELETE	1.4 C 2.1 T	ITY-ST-ZIP		Change Addition
NAMÉ	MILLS, LYDIA B.			2.21	ì		
STREET ADDRESS	376 SE 52 CT			•	TREET ADDRESS		
CITY - S1 - ZIP	OCALA FL				CITY-ST-ZIP		
TILLE			DELETE	3.1 T	ITLE		Change Addition
NAME				3.2 N	AME		
STREET ADORESS					TREET ADDRESS		
CITY SI - 7IF			DELETE		CITY-ST-ZIP		Change Addition
TOLE A.SAM			CT OFFEIG	4.1 Y	NAME		Change C Account
NAME STREET ADDRESS	1			l l	TREET ADDRESS		
City St Zin				- 1	ITY-ST-ZIP		
THLE			DELETE	5.1 T		 	Change Addition
NAM:				5.2 N	AME		
STREET ADDRESS				538	TREET ADDRESS		
City - \$1 - 740				540	ITY-ST-ZIP		
THEF			DELETE	6.1 T			☐ Change ☐ Addition
NAME				6.2 N			
STREET ADORESS				6.3 8	TREET ADDRESS		

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 it changes or on an attachment with an address.

SIGNATURE:

John R.

John R. Mills

(352)732-3956

FILED

Apr 11 1997 8:00am

Daytime Phone #