FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLOR:DA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

	1996			
DOCU	ME	NT	#	

1. Corporation Name

Principal Place		Mailing Address P .O. BOX 608 6			
TITUGVILLE	FL-32782-6084	TITUESHI & E. DATAL CO.	Tree Pd		
Kiss	E.Vine#3 immee f134744	3154 HICKUT St. CLUUD F	234772	3. Date Incorporated or Qualified 09/15/1980	3a. Date of Last Report 01/09/1995
2. Principal Piace		2a. Ma'ling Address 26		4. FEI Number 59-2019058	Applied For
Suite. Apt. #		Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22 #3		27	×	5. Certificate of Status Desired	Fee Required
City & State 23 5 7 . (26000 F1	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
ー ^{Zg} リロ,	Country	Zip	Country	8. This corporation has liability for in	9
24 3971	9 Name and Address of Current	29 30	D[Florida Statutes Yes 10. Name and Address of New Re	
	g, Name and Address of Current	negistered Agent	81 Name@	10. Name and Address of New Fig.	gistereo Agent
17:15-7	SANDRA H <mark>ornton-a</mark> ve. 3154 f N lle. Fl 32780 <i>ST., C L O</i> .	HKKOPY TREE R. UO FL 34772	82 Street Ad 3 / 5	dress (P.O. Box Number is Not Acceptable Y THIC KORY TRA	FL 85 Zp Code 3477.1
or registere familiar with SIGNATURE	d againt, or both, in the State of Florate n, and accept the obligations of, Section SAVIRA GAUT Ignative byted or product main of regularisting in the	a Such change was authorized b n 607 0505, Florida Statute Author box note if applicate (2021)	ly the corporation's bo	····	intrient as régistered agent. I am
12.	OFFICERS AND	DELETE	13. 1 1 hith	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition
NAME	GANT, SANDRA	Бкан	1.2 NAME		
STREET ADDRESS	3154 HICKORY TREE RD.		1.3 STREE! ADDRESS		C Charge C1 Add on O34
CITY-SI-ZIF	ST. CLOUD FL 34772		14 CITY ST ZIP		326
TITLE		☐ DELETE	2 1 Tille	The state of the s	☐ Change ☐ Addition ☐
NAME			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP		□ 001 CV	2.4 Cl*Y - S* - 7iP		F3 116
TITLE NAME		□ D€LE3€ ;	3 1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME 3.3 SUREET ADDRESS		
CITY-ST-ZIP			34 CITY - ST - 7.P		
TITLE		D€L€TE	4 1 TiTLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 C/TY - \$1 - Z/P		
TITLE		☐ DELETE	5 1 Tifuf		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIF			54 CHY+S*-7 P		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY - ST - ZIP			64 CFY - \$1 7-P		

I do 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 injurchment with an address.

SIGNATURE:

Handen Sont

5-1-96 407-8460119