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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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687938

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DOCUMENT #

1. Corporation Name

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	:U, INU.							
Principal Place of E	Business	Mailing Address						
1424 S. EVERGF		1424 S. EVERGREEN						
C/O EARL O. J	ONES, JR.	C/O EARL O. JONES.				Delo	of Lost De	noord -
CLEARWATER FL 34616		CLEARWATER FL 34616		3. Date incorporated or Qualified 09/17/1980	3a. Date	ite of Last Report 04/25/1995		
					4. FEI Number			Applied For
2. Principal Place	of Business	2a. Mailing Address			59-2042257		-	Not Applicable
		26					\$8.75	Additional
Suite, Apt. #, e	tc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Required
2		City & State			6. Flection Campaign Financing	¥		May Be
Oity & State		28			Trust Fund Contribution	<i>,</i> .		d to Fees
Zip	Country	Zip	Countr	ry	8. This corporation has liability for	rintangible ta s ∭No	ax under s	[98.032]
.a	25	29	30		Florida Statutes Ye 10. Name and Address of New	Registered	Agent	
<u>:1</u>	9. Name and Address of Curre	nt Registered Agent		4 Nome	10. Name and Address of No.			
	· · · · · · · · · · · · · · · · · · ·		*	1		11.3		
JONES, E	ARL O., JR.		8	2 Street Addre	ess (P.O. Box Number is Not Accepta	itole)		
	VERGREEN		<u>۔</u>	13				
CLEARW/	NTER FL 34616		Ĭ	,			loc 7	ip Code
				City	ration submits this statement for the p rd of directors. Thereby accept the ap	FL	_ { - 1	•
11. Pursuant to or registered familiar with,	and trooping the same	ction 607.0505. Florida Statule						
signaturesi_	nazhine i typed or printed nuclei di registerist agri	son ar Julie d'anymination (N		kovert signin ^k i o festalfe	ad wreal renshing) ADDITIONS/CHANGES TO O	DATE FFICERS AN	D DIRECT	ORS IN 12
SIGNATURE SI	gnatine typed or printed runner of registered agr OFFICERS A		ICITE Forgistered A		edwiner ferifoldings ADDITIONS/CHANGES TO O		D DIRECT	ORS IN 12
SIGNATURE	partice typed or parted type of registers Lagr OFFICERS A	oracion italyanata (N	13. 1 1 TU	LE ML	edwine for state p ADDITIONS/CHANGES TO O		D DIRECT	ORS IN 12 Addition
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certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the scentify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the scentification of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Flo appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Earl O JONES JR. SIGNATURE NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR