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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

706454

(6)

CI	EWIS	T/N	FI Y	NG.	CH	IR	INC.
UL	LITIO		1 L I I		ULL	JU.	\mathbf{H}

Principal Place of Business Mailing Address ROUTE 2. BOX 170 CLEWISTON FL 33440 ROUTE 2. BOX 170 CLEWISTON FL 33440						i idalik idali delim dirih eldek dilili d			UJIH UJEH HIJI	
						3. Date Incorporated or Qualified	3a. Date		•	
O Delegated I	Place of Business	10-10-1				11/21/1963	<u> </u>	1/30/1		
2. Principal i	Place of Business	2a. Mailing Address 26.				4. FEI Number 73-5601305		-	Applied For	
Suite, Apl	t. #. etc.	Suite, Apt. #, etc.				73-300 1303			Not Applicable Additional	
22	,	27				5. Certificate of Status Desired			Padditional	
City & State City & State						6. Election Campaign Financing			0 May 8e	
23		28				Trust Fund Contribution			d to Fees	
Zip	Country Zip			ntry		8. This corporation has liability for intangible tax under s. 199.032,				
24	9. Name and Address of Current Registered Agent					Florida Statutes				
	3. 110.110 2112 1124 1000 01 0411	The Hogisteroo Agont		81	Name	TO. Marine and Address of New He	gratered A	April		
DLICI D	e DICHADD V			_		000				
	'S, RICHARD V. JENIDA DEL BIO			82	Street Add	aress (P.O. Box Number is Not Acceptable)			
327 AVENIDA DEL RIO CLEWISTON FL 33440				83						
VLL1111	0101112 00110			84	City			[ac 7.	Cada	
					-		FL.	l I '	o Code	
11. Pursuan or regist	it to the provisions of Sections 617.050 tered agent, or both, in the State of Flo	12 and 617.1508, Florida Statutes rida. Such change was authorized	s, the above	ve-na	med corporation's bo	oration submits this statement for the purpo ard of directors. I hereby accept the appoin	ose of chan	ging its r	egistered office	
familiar v	with, and accept the obligations of, Se	ction 617.0503, Florida Statutes					KINO K LAS I	giororoa	ago. n. 7 a	
SIGNATURE	Signature, typed or printed name of registered age	at year fills of search with the August August	C Dowletows d	A 0.0.01		red when reinstating)				
12.		ND DIRECTORS	13.	Agent	s gnarure requi	ADDITIONS/CHANGES TO OFFICE	DATE ERS AND I	DIBLOTO	RS IN 12	
TIFLE	P	DELETE	1111	LE				Change	Addition	
NAME	PHELPS,RICHARD V	 .	12 NA	ME						
STREET ADDRESS	1		1351	REET A	DDRESS					
CITY - ST - ZIP	CLEWISTON FL			TY-S1	- ZIP					
THILE	STD			2 1 TITLE			<u> </u>	Change	☐ Addition	
NAME	STITT, JOHN M		2.2 NAME							
STREET ADDRESS	1111 E, DON 110		2 3 STREET ADDRESS							
CITY - ST - ZIP					- Z/P		····	10		
TITLE NAME	D BUSING BIOLIAND V	□ DELETE	3 1 TIT		ļ		L	Change	☐ Addition	
STREET ADDRESS	PHELPS, RICHARD V.				DDRESS					
CHTY - ST - ZIP	327 AVENIDA DEL RIO CLEWISTON FL		3 4. CI							
TITLE	D	□ DELETE	4 1 TiTi					Change	Addition	
NAME	MCDUFFIE, WILLIAM H.		4 2 NA	AME			-	-		
STREET ADDRESS			4 3 STF	REET A	DDAESS					
CITY - ST - ZIP	CLEWISTON FL		4.4 CIT	[Y-S]	ZIP					
TITLE		DELETE	5.1 T(T)	LΕ				Change	☐ Addition	
NAME			5 2 NA!	ME						
STREET ADDRESS					DDRESS					
CITY - S7 - ZIP		DELETE	5 4 CIT		ZIP			Ohac		
TITLE			6 1 TIT				_	Change	Add-tion	
NAME STREET ADDRESS			6 2 NAI		Dubcee					
CITY - ST - ZIP	1	•	3		DORESS					
14. I do here	eby certify that the information supplied	I with this filing is voluntarily furnis	64011 hed and c	does	not qualify	for the exemption stated in Section 119.07	7(3)(k), Florid	da Statut	es. I further	
certify th oath; tha	nat the information indicated on this ani	nual report or supplemental annua poration or the receiver or trustee :	al report is empowere	s true	and accur	rate and that my signature shall have the sa his report as required by Chapter 617, Flori	ame legal ei	fect as if	made under	

SIGNATURE:

GNATURE AND TYPED OR PHINTED HAME OF SIGNING OFFIGER OR DIRECTOR

Date

Date

Date

CR2E037 (12/95)