SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Jul 09 1998 8:00am Sagratory of State

	1998			DIVISION OF CORPORATIONS				Secretary of State	
DOCU 1. Corporation	MENT In Name	# 71010)1	(7)					
CORVILL	A INC.								
Principal Place of Business Mailing Address								- I COOKIN KOOKIN KANIN DOISK HINIK BOTON KININ DIDIN ANDIN DIDIK DIDIK DIDIK DIDIK DIDIK DIDIK DIDIK DIDIK DIDIK	
									\neg
2423 CORVILLA DR IVE ZEPHYRHILLS FL 33540				2423 CORVILLA DRIVE ZEPHYRHILLS FL 33540				3. Date Incorporated or Qualified 12/27/1965	1
!								4. FEI Number Applied For	ᅱ
								23-7354613 Not Applicable	_
	lace of Busin	⊢ -1	<u> </u>				5. Certificate of Status Desired \$8.75 Additional	7	
21 Suite, Apt. #, etc.				Suite, Apt. #, etc.				Fee Required	\dashv
22				27				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	ŀ
City & State				City & State				7. Is this nonprofit corporation a homeowners association?	٦
23				28				YesNo	_
Zíp	<u> </u>	Country 25	Zip	•	30 Cou	intry		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No	
24		and Address of C	29 urrent Registere	ed Agent	1301			10. Name and Address of New Registered Agent	-
						81	Name Z	OOKINE I HOLT	7
HOLT, ERSKINE L						ERSKINE L. HOLT [82] Street Address (P.O. Box Number is Not Acceptable)			┥
2423 CORVILLA DR							242	23 CORVICLA DR.	4
ZEPHYRH	ILLS FL 335	40				83			1
	<u>k</u> .					84	City /	PHYRHILLS FL 85 Zip Code 33.540	7
11. Pursuant i	o the provisio	ns of sections 617.0	502 and 617.15	08, Florida Statutes	, the abov	ve-nan	ned corpora	etion submits this statement for the purpose of changing its registered of of directors. I hereby accept the appointment as registered	┥
office or re agent. I ar	egis tere d ager m fami llar with	nt, or both, in the St n, and accept the ob	ate of Florida. Soligations of, sec	uch change was au tion 617.0503, Flor	ithorized i ida Statut	by the tes.	corporation	n's board of directors. I hereby accept the appointment as registered	ı
SIGNATURE	· ·							ulred when reinstating) DATE	-
12.	Signature, typed o	r printed name of registers	S AND DIRECTO		13.	red Agen	t signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	4
TITLE	0			DELETE	1.1 111	TLE	1	Change Addition	, <u>}</u>
NAME	HOLT, RHO)NDA J			1.2 NA	AME			į
STREET ADDRESS		NTY GRAND			1.3 ST	REET AL	DRESS		
CITY-ST-ZIP	EAGLE RIV	ER AK				TY-ST-ZI	Р		4
TITLE NAME	TD : De je sus,	Mer		L DELETE	2.1 TIT 2.2 NA		1	Change Addition	' '
	2412 COR				1	REET AL	INRESS		ı
CITY-ST-ZIP		LS,F L 00000			1	TY-ST-ZI	· 1		1
TITLE	PD			DELETE	3.1 TII	TLE		Change Addition	7
NAME	HOLT, ERS			_	3.2 NA	AME	ļ	_ -	
	2423 COR\	CAMPINE A SECTION				REETAC			1
CITY-ST-ZIP TITLE		LS, FL 00000		T or or o	3,4 CIT	TY-ST-ZI	P		\dashv
	IVD IHOLT, LUC	MIE M		DELETE	4.2 NA		l l	Change Addition	1
	2423 COR\					REETAL	ORESS		1
CITY-ST-ZIP		LS, FL 00000			4.4 CF	TY-ST-ZI	Р		
TITLE	MD			DELETE	5.1 TIT	TLE		Change Addition	7
NAME	HOLT, BEV				5.2 NA		ļ		
	PO BOX 21					REETAD			
CITY-ST-ZIP TITLE	Juneau Ai Sd	<u> </u>			6.1 Til	TY-ST-ZI	P		4
	Dej ës us,	ANGE! A		DELETE	6.2 NA			Change Addition	
	2412 COR				1	REET AD	DRESS		
		10 5 1 4444			B		1		- 1

2EPHYRHILLS, F L 00000

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Shature and Typed OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR