FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



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

1996

1. Corporatio	MENT# 71346	` '							
Principal Place	e of Business	Mailing Address				- I LODGIN HODON NIADY INNE ONOTE BUILD			II OROKI DIBIK IDDI
1324 KINGS ORANGE PA	LEY AVE. ARK FL. 32073	1324 KINGSLEY AVE. ORANGE PARK FL. 320	73						
						3. Date Incorporated or Qualified 10/17/1967	<b>3a</b> . D	ate of Last <b>05/01/</b>	
2. Principal P	face of Business	2a. Mailing Address				4. FEI Number 59-1432897			Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				1			5 Additional
22		27				5. Certificate of Status Desired		Fee	Required
City & Stat	e	City & State				6. Election Campaign Financing			<b>)0</b> May Be
Zip	Country	<b>28</b> Zip	Count	inv		Trust Fund Contribution		•	d to Fees
24	25	29	30	,		8. This corporation has liability for in Florida Statutes	Tanglole ta	_	. 199.032,
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered	Agent	
			6	31	Name				
	NGHAM, R. HUNT		8	32	Street Addre	ss (P.O. Box Number is Not Acceptable	e)		
	VIN DRIVE E PARK FL 32073		l a	3					
UNANG	E PARK FL 320/3		Ĺ						
			8	4	City		FL	85 Zi	p Code
SIGNATURE .	ith, and accept the obligations of, Sections of Sections of Sections of Printed Part of Printe	and tile if applicable (NOT	E Registered As	gent s	signature required v	when relinstating)  ADDITIONS/CHANGES TO OFFICE	DATE DERS AND	DIRECTO	DRS IN 12
TITLE	VD	DELETE	1 1 TITLE	E				Change	Addition
NAME	WEYMOUTH, STEPHEN L. JR		1.2 NAM	E			•		_
STREET ADDRESS	463 CODY DRIVE		1.3 STRE	13.	DDRESS				
CITY-ST-ZIP	ORANGE PARK FL	——————————————————————————————————————	1.4 CITY		ZIP				
TITLE	   OMITAL ICANICTYC	DEFELF	21 TITLE				l	Change	Addition
NAME STREET ADDRESS	SMITH, JEANETTE 3172 MOODY AVE		2.2 NAMI		pootee				
CITY-ST-ZIP	ORANGE PARK FL		2 3 STRE 2 4 CITY						
TITLE	SD	DELETE	3 1 TITLE		-211			Change	Addition
NAME	BUTTS, DAVID C.		3.2 NAMI	E					_
STREET ADDRESS	6221 S. CREEK ROAD		3 3 STRE	ET A	DORESS				
CITY-ST-ZIP	ORANGE PARK FL	Doctor	3.4. CITY		- ZIP				F3 4 4 8 9 4
TITLE	PD CHIMAIIMGHAM IS HIMT	DEFELE	4.1 TITLE				l	Change	Addition
name Street address	CUNNINGHAM, R. HUNT 467 KEVIN DRIVE		4. 2 NAM 4.3 STRE		oneree				
CITY-S1-ZIP	ORANGE PARK FL		4.3 STRE						
TITLE		DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAM						
STREET ADDRESS			5.3 STRE	ET AC	DDRESS				
CITY-ST-ZIP		Flotiere	5.4 CITY -		ZIP			<b>7</b> o	
THTLE		DELETE	6 1 TITLE				L	Change	Addition Addition
NAME Street address			6.2 NAM6		oppi ce				
CITY-ST-ZIP			6.3 STREI 6.4 CITY -						
14. I do hereb	y certify that the information supplied v	vith this filing is voluntarily furnis	shed and do	es r	not quality for	the exemption stated in Section 119.0	7(3)(k), Flo	rida Statut	es. I further
certify that oath; that appears in	rtne information indicated on this annul I am an officer or director of the corpor i Block 12 or Block 13 ii changed, or o	ai report or supplemental annu ration or the receiver or trustee n an attackment with an addre	ai report is t empewered ss:	rue d to	and accurate execute this r	and that my signature shall have the s report as required by Chapter 617, Flor	ame legal ida Statute	effect as if es; and tha	made under at my name

SIGNATURE: SIGNATURE

3/25/96 (904) 264-5961