## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1996



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

| 21 Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Sip  Country  Sign   | Report   |
|--|--|
| RAILROAD AVE PO BOX 335 SHARPES FL 32959  RAILROAD AVE PO BOX 335 SHARPES FL 32959  3. Date incorporated or Qualified Q4/26/11 Q2/16/1968  3a. Date of Last Q2/16/1968 Q4/26/11 Q2/16/1968  4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Q2/16/1968  59-2956102  50-2956102  City & State City & State City & State Q2/16/1968  6. Election Campaign Financing Trust Fund Contribution Adders Q2/16/1968 Q4/26/10 Q5/10 Q5     | Report 995 Applied For Not Applicable Additional Required May Be       |
| RAILROAD AVE PO BOX 335 SHARPES FL 32959  RAILROAD AVE PO BOX 335 SHARPES FL 32959  3. Date incorporated or Qualified Q4/26/11 Q2/16/1968  2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. City & State 2d. City & State 2d. City & State 2d. Country 2d. Country 2d. Country 2d. Country 2d. Suite, Apt. #, etc. 2d. Country 2d. Suite, Apt. #, etc. 2d. City & State 2d. Country 2d. Country 2d. Country 2d. Suite, Apt. #, etc. 2d. City & State 2d. Country 2d. Suite, Apt. #, etc. 2d.     | Report 995 Applied For Not Applicable Additional Required May Be       |
| SHARPES FL 32959  SHARPES FL 32959  3. Date incorporated or Qualified Q2/16/1968  Q2/16/1968  Q2/16/1968  Q4/26/1  4. FEI Number  59-2956102  Suite, Apt. #, etc.  Suite, Apt. #, etc.  22  City & State  City & State  City & State  City & State  28  Country  Zip  Country  Sharpes FL 32959  Sharpes FL 32959  Street Address (P.O. Box Number is Not Acceptable)  | 995 Applied For Not Applicable 5 Additional Required 0 May Be          |
| 2. Principal Place of Business  2a. Mailing Address  25  | 995 Applied For Not Applicable 5 Additional Required 0 May Be          |
| 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2d. Suite, | Applied For<br>Not Applicable<br>5 Additional<br>Required<br>00 May Be |
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Sip  Country  Sig  No  Sig  Name  PROBY, WILLIAM  493 CANAVERAL GROVES BLVD.  SHARPES FL 32959  Sign  Sig | Not Applicable  5 Additional Required  10 May Be                       |
| 22 City & State  Country  S. This corporation has liability for intangible tax under s. Florida Statutes  Florida Statutes  No.  Name and Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  FL 85 Zig  11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes the observation of the city of the ci | Required  May Be   |
| City & State  Country  8. This corporation has liability for intangible tax under s. Florida Statutes  Florida Statutes  10. Name and Address of New Registered Agent  Name  PROBY, WILLIAM  493 CANAVERAL GROVES BLVD.  SHARPES FL 32959  84 City  FL 85 Zig  11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes the object of the city of the provisions of Sections 617 0502 and 617 1508. Florida Statutes the object of the city of | May Be   |
| Zip Country Zip Country S. This corporation has liability for intangible tax under s. Florida Statutes Yes No  9. Name and Address of Current Registered Agent  PROBY, WILLIAM 493 CANAVERAL GROVES BLVD. SHARPES FL 32959  Trust Fund Contribution Address so Trust Fund Contribution Address so The Address Sections 617 0502 and 617 1508 Florida Statutes Yes No  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Florida Statutes Yes No  10. Name and Address of New Registered Agent  84 City FL 85 Zig  |  |
| 24 25 29 30 8. This corporation has liability for intangible tax under s. Florida Statutes Yes No  9. Name and Address of Current Registered Agent  PROBY, WILLIAM  493 CANAVERAL GROVES BLVD.  SHARPES FL 32959  8. This corporation has liability for intangible tax under s. Florida Statutes Yes No  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  | 4 10 1 000   |
| 9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name  PROBY, WILLIAM  493 CANAVERAL GROVES BLVD.  SHARPES FL 32959  82 Street Address (P.O. Box Number is Not Acceptable)  83 Et al. Pursuant to the provisions of Sections 617 0502 and 617 1508. Elevide Statutes the object of the provisions of Sections 617 0502 and 617 1508. Elevide Statutes the object of the provisions of Sections 617 0502 and 617 1508. Elevide Statutes the object of the provisions of Sections 617 0502 and 617 1508. Elevide Statutes the object of the provisions of Sections 617 0502 and 617 1508. Elevide Statutes the object of the provisions of Sections 617 0502 and 617 1508. Elevide Statutes the object of the provisions of Sections 617 0502 and 617 1508. Elevide Statutes the object of the object of the provisions of Sections 617 0502 and 617 1508. Elevide Statutes the object of the obj | . 199.032,   |
| PROBY, WILLIAM 493 CANAVERAL GROVES BLVD. SHARPES FL 32959  82 Street Address (P.O. Box Number is Not Acceptable) 83  84 City  FL 85 Zig   |  |
| 493 CANAVERAL GROVES BLVD. SHARPES FL 32959  83  84 City  FL 85 Zr   |  |
| SHARPES FL 32959  83  84 City  FL 85 Zr  11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Elocida Statutos the photo consult to the provisions of Sections 617 0502 and 617 1508. Elocida Statutos the photo consult to the provisions of Sections 617 0502 and 617 1508. Elocida Statutos the photo consult to the provisions of Sections 617 0502 and 617 1508. Elocida Statutos the photo consult to the provisions of Sections 617 0502 and 617 1508. Elocida Statutos the photo consult to the provisions of Sections 617 0502 and 617 1508. Elocida Statutos the photo consult to the provisions of Sections 617 0502 and 617 1508. Elocida Statutos the photo consult to the provisions of Sections 617 0502 and 617 1508. Elocida Statutos the photo consult to the provisions of Sections 617 0502 and 617 1508. Elocida Statutos the photo consult to the provisions of Sections 617 0502 and 617 1508. Elocida Statutos the photo consult to the provisions of Sections 617 0502 and 617 1508. Elocida Statutos the photo consult to the provisions of Sections 617 0502 and 617 1508. Elocida Statutos the photo consult to the photo |  |
| 11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Elocida Statutos, the object of sections 617 0502 and 617 1508. Elocida Statutos, the object of sections 617 0502 and 617 1508. Elocida Statutos, the object of sections 617 0502 and 617 1508.  |  |
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| 11. Pursuant to the provisions of Sections 617 0502 and 617 1509. Florida Statutes, the phase according to the provisions of Sections 617 0502 and 617 1509.   | p Code   |
| or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.   | enistered office   |
|  | agent. I am  |
| SIGNATURE  |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS   |  |
| THE DO ADDITIONS/CHANGES TO OFFICERS AND DIRECTO   |  |
| NAME PROBY, WILLIAM H 1.1 TITLE Change   | Addition   |
| STREET ADDRESS 493 CANAVERAL GROVES BLVD. 13 STREET ADDRESS  |  |
| CITY-ST-ZIP SHARPES FL 1.4 CITY-ST-ZIP   |  |
| TITLE SD DELETE 21 TITLE Change  | Addition   |
| NAME BURGESS, JOSEPHINE 22 NAME  | _  |
| STREET ADDRESS 4110 DEVOE AVE. 2.3 STREET ADDRESS  |  |
| CITY-ST-ZIP COCOA FL 2.4 CITY-ST-ZIP   |  |
| December 1   | ☐ Addition   |
| STREET ADDRESS 3230 DEVOE AVE. 32 NAME 33 STREET ADDRESS   |  |
| CITY-ST-ZIP SHARPES FL 3.4. CITY-ST-ZIP  |  |
|  | ☐ Addition   |
| NAME 4.2 NAME  |  |
| STREET ADDRESS 4.3 STREET ADDRESS  |  |
| CITY-ST-ZIP 4.4 CITY-ST-ZIP  |  |
| TITLE DELETE 51 TITLE Change   | ☐ Addition   |
| 3.2 respec   | J.   |
| Officer and  |  |
|  |  |
| NAME 62 NAME   | Addition   |
| STREET ADDRESS 6.3 STREET ADDRESS  | ☐ Addition   |
| CHY-ST-ZIP   | Addition   |
| 14. 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 Statute certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if it cannot be the contraction of the  |  |

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

oath; that I am an officer or director of the corporation or the receiver or trustee empowered appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING FRICER OR DIRECTOR

4-24-96

Daytime Phone #