FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

1996

719888

DOCUMENT # 1. Corporation Name

NCORPORATED											
Principal Place of Business Mailing Address							1 SANDIST INCHE INDIN TURES LAINT	19191 1911 91911);	.FEI #1#11 FBB1	
11500-125TH LARGO FL C US			P. O. BOX 7332 Seminole Fl 34642 US								
						3.	Date Incorporated or Qualifie 12/17/1970	ed 3a.	Date of Last F 04/19/19		
2. Principal F	Place of Business	2a. Mailing) Address			4.	FEI Number 59-0188572			applied For lot Applicable	
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			5.	Certificate of Status Desired S8.75 Additional Fee Required				
City & State		27 City &	City & State			6.	Election Campaign Financing	3		May Be	
23		28	├ ─¬				Trust Fund Contribution	" <u> </u>		to Fees	
Zip	·		Zip Cou					ty for intangible tax under s. 199.032,			
24 25 25 9. Name and Address of Cui			29 30			10	Florida Statutes LJ Yes LJ N 10. Name and Address of New Registered As				
	9. Name and Address of	Current Registered	rgeni	81	Name		Traine and Address of the	W Trogratoro	o rigoin		
REED	JERRY M			82			O. Boy Number is Not Accer	ntable)			
	106 AVE N					rect Address (P.O. Box Number is Not Acceptable)					
LARGO	FL 34644			83							
				84	City		··· · · · ·	F	85 Zip	Code	
11. Pursuan or registr tamillar v	It to the provisions of Sections 6 ered agent, or both, in the State with, and accept the doligations Signature Special printer name of region	17.0502 and 617.1508 of Florida. Such chang of, Section 617.0503, I	e was authorized by lorida Statutes.	the corp	oration's	corporation s s board of di	rectors. I hereby accept the	purpose of cappointment	as registered	gistered office agent. I am	
12.	<u> </u>	ERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	P	PD .	DELETE	1.1 THILE	,				☐ Change	Addition	
NAME	REED, JERRY M	ر د ا	Starse)	1.2 NAME							
STREET ADDRESS	s 13964 106 AVE N LARGO FL	1	Some	13 STREFT		5					
CITY-ST-ZIP TITLE	VPD VPD		DELETE	14 CITY - S 21 TITLE	51-71P	VPD	,	YPD	Change	Addition	
NAME	WAHLBECK, ED			2 2 NAME		1 6 6 1 1	L L L-(7	4 1 17			
STREET ADDRESS	s 1726 SOUTHVIEW		ļ	23 STREE1	ADDRESS	13.4	1 125 ANN				
CITY-ST-ZIP	LARGO FL		_/	2 4 CITY	SI - 71P	1600 61	etary				
TITLE	SD OFF		DETELE	3 1 TITLE		1	ak Hartman	30	change	Addition	
NAME	GIBSON, LOPÍ 12400 CHIZKASAW TI	5		3.2 NAME 3.3 STREET	. ADDOCCC	142	99 94 St. N.				
STREET ADDRESS	LARGO FL	•		3.4. CiTY -		Lar	40, FL 3464 3)			
TITLE	TD	-11	DELETE	4 1 TITLE		1	<u> </u>		☐ Change	Addition	
NAME	HICE, DEBBIE J		5ta45)	4. 2 NAME							
STREET ADDRESS		1	Same/	4.3 STREE	I ADDRESS	3	700001 04/01/96(26.22	217		
CITY - ST - ZIP	SEMINOLE FL			4 4 CITY - 5	ST-ZIP		-04701/96()1014	028	Addition	
TITLE		`	- □0 €LETE	5 1 TITLE			***61.25		E_L change	☐ AQUIRON	
NAME CLOSES ADDRESS	c			5.2 NAME 5.3 STREE	i address	s					
STREET ADDRES	3			5 4 C/TY-1		~					
THILE			DELETE	61 TITLE	J. 11				Change	Addition	
NAME				62 NAME					m	. אא.	
STREET ADDRES	s			63 STREE	T ADDRESS	s			7 2	.m. -29-96	
CITY ST. 7IP	Į.			64 CITY -	S1-ZIP				<i>⊙</i>	-XT-16	

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 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 for an an attachment with an address.

SIGNATURE:

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

595-/185 Daytime Phone #