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

3700 DANESBOROUGH DR 3732 DORSET WAY TALLAHASSEE FL 32303 US 3. Date Incorporated or Qualified 10/15/1973 2. Principal Place of Business 3 609 HARWELL PL 10/15/1973 3. Date Incorporated or Qualified 10/15/1973 4. FEI Number 59-2728686 Suite, Apt. #, etc. Suite, Apt. #, etc. TALLAHASSEE FL 32303 City & State City & State 3 72 30 3 US 6. Election Campaign Financing Trust Fund Contribution	e of Last Report 03/22/1995 Applied For Not Applicable \$8.75 Additional Fee Required
3700 DANESBOROUGH DR 3732 DORSET WAY TALLAHASSEE FL 32303 US 2. Principal Place of Business US 2. Principal Place of Business US 3. Date Incorporated or Qualified 10/15/1973 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. City & State	e of Last Report 03/22/1995 Applied For Not Applicable \$8.75 Additional
3700 DANESBOROUGH DR 3732 DORSET WAY TALLAHASSEE FL 32303 US 2. Principal Place of Business 13 3 0 09 Harwell Place 26 Suite, Apt. #, etc. 27 City & State 3809 HARWELL PL TALLAHASSEE FL 32303 US 3. Date Incorporated or Qualified 10/15/1973 4. FEI Number 5. Certificate of Status Desired City & State 6. Election Campaign Financing Trust Fund Contribution	e of Last Report 03/22/1995 Applied For Not Applicable \$8.75 Additional
TALLAHASSEE FL 32303 US 3. Date Incorporated or Qualified 10/15/1973 2. Principal Place of Business 1 3609 Haywell Place 26 Suite, Apt. #, etc. 2 Tallahassee, FL 27 City & State 3 3 2 3 0 3 City & State 28 Tallahassee FL 32303 3. Date Incorporated or Qualified 10/15/1973 4. FEI Number 59-2728686 Suite, Apt. #, etc. 5. Certificate of Status Desired City & State 6. Election Campaign Financing Trust Fund Contribution	03/22/1995
2. Principal Place of Business 1 3609 Ha\vert Well Place 26 Suite, Apt. #, etc. 2 Twlahassee, Ft. 27 City & State 3 3 2 3 0 3 USA 2a. Mailing Address 4. FEI Number 59-2728686 Suite, Apt. #, etc. 5. Certificate of Status Desired □ City & State City & State City & State 7 City & State City & State Contribution □	03/22/1995
3609 Harwell Place 26 59-2728686 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired City & State City & State City & State Twist Fund Contribution Contribution City & State City & City & State City & City & State City & Ci	Not Applicable \$8.75 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. TAUAMASSEE, FL City & State City & State City & State City & State Trust Fund Contribution	\$8.75 Additional
City & State City & State City & State City & State Trust Fund Contribution	
3 3 2 3 0 3 USA 28 Trust Fund Contribution	
7	\$5.00 May Be Added to Fees
Zip Country Zip Country 8. This corporation has liability for intangible tax 4 25 29 30 Elorida Statutes 7 Yes Xi	
4 25 29 30 Florida Statutes Yes X 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered A	
81 Name	gent
THRASHER, ELWIN R JR	
908 N GADSDEN ST	
TALLAHASSEE FL 32303 83	
84 City	85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change registered agent or both, in the State of Florida State of State of Florida State o	
or registered agent, or both, in the state of monda. Such thange was authorized by the corporation's poard of directors. I hereby accent the appointment as re-	iging its registered office egistered agent. I am
variance with, and accept the bullgations of, Section 617,0503, Florida Statutes.	
SIGNATURE Signature, typed or printed name of registered agent and title it applicance. INOTE Registered Agent agridure required whom reinstating? DATE DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS CHANGES TO OFFICERS AND D	DIRECTORS IN 12
	Change Addition
NAME BRIT, JENNIFER 1.2 NAME	
STREET ADDRESS 3609 HARVELL PL 1.3 STREET ADDRESS 3609 HARVELL PLACE	
CITY-ST-ZIP TALLAHASSEE FL 1.4 CITY-ST-ZIP TILE SD DELETE 2.1 TITLE	10.
IDELETE 21TITCE 22 NAME	Change 🔲 Addition
STREET ADDRESS 3746 DORSET WAY 23 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 2 4 CITY-ST-ZP	
The Desire	Change Addition
NAME FLURY, MIKE 32 NAME	,g
STREET ADDRESS 3552 CARRINGTON DR 333 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 34 CITY-ST-ZIP	
	Change
NAME HURST, ANTON 4. 2 NAME	
STREET ADDRESS 3800 SUTTON PL 4.3 STREET ADDRESS	
DITY-ST-ZIP TALLAHASSEE FL 44 CITY-ST ZIP	
MILE D STITLE D	Change
WHETSTONE, DAVID STHEET ADDRESS STARE Brian Martzelf 52 NAME 53 STREET ADDRESS 3713 Danesborough Drive	
The state of the s	Change DATE:
NAME NEWLIN, CHARLES 62 NAME	Change
STREET ADDRESS 3505 CARRINGTON DR 63 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 64 CITY-ST-ZIP	
44. 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). Florid 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 affi	la Statutes I further

certity that the information indicated on this armula report or supplemental armula report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trube 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TO NOTE OF SIGNING OFFICER OR DIRECTOR

TO NOTE OF SIGNING OFFICER OR DIRECTOR

2/5/96 (904) 224-6789