FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

729003

DIDGE & ECTOONIC SERVICERS! ASSOCIATION INCORPO

RATED									
Principal Place of Business		Mailing Address			I SOULT ROBIN TIMIN INTIL BRESON	tall diffat midte (######################################	# 4	
2615 ELLIS AVENUE P.O. BOX 369 EATON PARK FL 33840		2615 ELLIS AVENUE P.O. BOX 389 EATON PARK FL 33840-0389			la- 5				
						3. Date Incorporated or Qualified 03/07/1974	3a. Date	5/01/19	96
Principal Place of Business 1		2a. Mailing Address			4. FEI Number Applied For S9-1869399 Applied For Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		• -	Additional aguired	
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be	
23		26			Trust Fund Contribution		Added		
Zip	Country Zip		Country			8. This corporation has liability for			. 199.032,
24 25 9, Name and Address of Cur		29 30				Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	<u> </u>	it regional rigonic		81	Name	To. Hallo die Addiose of How He	giotoiva Ag		
MUNSON, PETER J.				82	Street Add	ress (P.O. Box Number is Not Acceptate	vla)		
	FLORIDA AVENUE	62		02	Street Audi	ress (r.o. box Number is not Acceptat	ing)		
LAKELAND FL 33801				63					
			ı	84	City		FL	B5 Zip (Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the ab office or registered agent, or both, in the State of Florida. Such change was authorized					named corr	poration submits this statement for the p		nanging it	s registered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was ations of, Section 617.0503, F	authorize: lorida Stat	d by t lutes.	he corporat	tion's board of directors. I hereby accep	of the appoin	tment as	registered
SIGNATURE _				_					
					signature requi	irad when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE DEDC AND D	IDE CT OF	2C IAL 40
12.			1.1 10	TIF		ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	MCGINNIS, WILLIAM		1.2 NAME				-	Ottaligo	
STREET ADDRESS 1018 MEADOW AVE			1.3 STREET ADDRESS		DDRESS				Ì
CITY-ST-ZIP	LAKELAND FL		1.4 CITY+ST-ZIP		ZIP				
TITLE	S	DELETE	2.1 11	TLE				Change	☐ Addition
NAME	SCOTT, CANDICE		2.2 NA	AME					
STREET ADDRESS	1441 LONG STREET		2.3 ST	TREET A	DORESS				Ţ
CITY-ST-ZIP	LAKELAND FL			2. 4 CITY-ST-ZIP		·		1	
TITLE	D	DELETE	3.1 Ti				L	J Change	Addition
NAME	JOHNSON, WILLIAM 219 E. CENTRAL AVE.		3.2 N/						
STREET ADDRESS	LAKE WALES FL	e uni eo ei		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP					
C/TY-ST-ZIP TITLE	V	DELETE	4.1 TI		-211	<u> </u>		Change	Addition
NAME	BRANDT, WLATER S.	<u> </u>	4. 2 N		ľ		_		
STREET ADDRESS	3400 HAVENDALE BLVD		4,3 S1	TREET A	DORESS				Ì
CITY-ST-ZIP	WINTER HAVEN FL			4.4 CITY - ST - ZIP					
TITLE	0	DELETE	5.1 TI	TLE	7			Change	Addition
NAME	WHITE, MARK		5.2 N/	AME	-				
STREET ADDRESS	8 N 4TH ST		5.3 S1	TREET A	DDRESS				
CITY-ST-ZIP	HAINES CITY FL			5.4 CITY-ST-ZIP				Louis	1 4 4 4 1 1 1
TITLE	, ·		6.1 10		}		L	Change	Addition
NAME OTOGET ADODGEG	The state of the s		6.2 N		nneree				

LAKELAND FL 14. I do 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.

FILED

Apr 28 1997 8:00am

Secretary of State