| COF | ON OR BEFORE 0/17/ DNPROFIT RPORATION UAL REPORT 1997 | 17: \$61.25 (IF DISSOLV | | UE TO REIN ARTMENT B. Morth tary of Stat | I STATE: \$236.25 OF STATE I AM 0 | Aug (|)4 1 | LED 1997 ary o | 8: | |
|--|---|--|---|--|--|---|-----------------------------------|---|--|---|
| | on Name | 742184 Illsborough | (5) COUNTY, INC. | | | | 110.06 10 111 0 | 184 #1841 81811 8181 | | |
| Principal Disc | | | | | | | | | | |
| O BOX 10391 | ace of Business | | Mailing Address PO BOX 10391 | | | | | | | |
| AMPA FL 336 | | | TAMPA FL 33679 | | | DO NO | T WRITE | IN THIS SPAC | Æ | |
| | | | | | | 3. Date incorporated or 0 03/23/1978 | | 3a, Date of | - | |
| 2. Principal F | Place of Business | | 2a. Mailing Address | | | 4. FEI Number | | 00/ | · · · · · | pplied For |
| 1 Sulte Ant | # elc | | 26 Suite, Apt. #, etc. | | | 59-2650232 | | Not Applicable | | |
| 2 | Suite, Apt. #, etc. | | 27 | | | 5. Certificate of Status De | \$8.75 Additional Fee Required | | | |
| City & Stat | le | | City & State | | | Election Campaign Fin Trust Fund Contribution | - | | | May Be to Fees |
| Zip | | puntry | Zip | Cou | intry | 8. This corporation owes | | | year In | tangible |
| | 25 9. Name and Ar | ddress of Current R | 29 egistered Agent | 30 | | Personal Property Tax 10. Name and Address of | | | | No |
| | | | · · | , | 81 Name | | | | <u> </u> | |
| | , margaret d Ven Bend | | | | 82 Street Add | ress (P.O. Box Number Is Not | Acceptab | le) | | |
| | FL 33612 | | | | 63 | ····· | | | · | |
| | | | | | | | | | | |
| | | | | | 84 City | | ····· | 85 | Zin | Code |
| Pursuant | to the provisions of | Sections 617 0502 ar | nd 617 1508 Florida Stati | ites the et | | noration submits this statemen | t for the p | FL 85 | 1 · | Code |
| 1. Pursuant office or r agent. I e | to the provisions of registered agent, or am familiar with, and | Sections 617.0502 ar both, in the State of F accept the obligation | nd 617, 1508, Florida Statu Florida. Such change was ns of, Section 617,0503, F | ites, the at authorized lorida Stat | ove-named cor | poration submits this statemen tion's board of directors. I here | t for the pi by accep | FL I | 1 · | |
| agent i a | Manillar Will, and | accept the obligation | ns or, Section 617,0503, F | | pove-named cor d by the corpora utes. | | t for the pi by accep | In the appoint of the | 1 · | |
| agent ra SIGNATURE . | Manillar Will, and | Sections 617.0502 ar both, in the State of F accept the obligation of the obligation of the obligation an OFFICERS AND D | Ind title if applicable. | IOFICIA STAT | ove-named cor | ired when reinstating) | -7/ | TL urpose of char the appointm 30/9 DATE | nging r hent as | ts registered registered |
| agent ra BIGNATURE | Signature, typed ir printed | Accept the obligation | Ind title if applicable. | | Dove-named cor d by the corpora utes. Apent signature requi | | -7/ | L urpose of char t the appoint DATE ERS AND DIR | nging r hent as | ts registered registered |
| agent, Ta SIGNATURE 2. ITLE | Signature, typed & printed | OFFICERS AND D | IRECTORS | 1011da Stat ME: Regislered 13. 1.1 Til 1.2 NA | Dove-named corr d by the corpora utes. Agent signature required TLE ME | ired when reinstating) | -7/ | L urpose of char t the appoint DATE ERS AND DIR | nging r hent as | ts registered |
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