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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT # 790324** 

(8)

2. Principal Place of Business   2a. Mailing Address   5. Fill Number   5.	THE R  Principal Place P.O. BOX 28 WAVERLY FI	e of Business	Mailing Address P.O. BOX 287 WAVERLY FL 33877	*****				
Suite, Apr. 8, etc.    Suite, Apr. 8, etc.						3. Date Incorporated or Qualified 06/12/1967		
Suite, Apt. #, etc. 27 Cry & State 28 Cry & State 29 Country 29 Country 29 20 Country 29 30 Country 30 Experiment and Address of Current Registered Agent  HUSTED, JOHN C. 242 KLIMER LANE, S.E. WINTER HAVEN FL 33884  61 Cry 51 Cry 52 Cry 53 Cry 54 Cry 54 Cry 55 Cry 55 Cry 55 Cry 56 Cry 57 Cry 58 Cry 57 Cry 58	2. Principal P	Place of Business	<u> </u>			4. FEI Number 59-0324290	<del>-</del>	<del></del>
City & State    City & State   City	<del></del>	#, etc.	Suite, Apt. #, etc.				□ \$8.7	5 Additional
Added to Fees   Total Free Country   Zp   Zp   Zp   Zp   Zp   Zp   Zp   Z	City & State City & State					6. Election Campaign Financing	\$5.0	<u> </u>
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Only FL  Something with, and acceptable of Foods Studies State of Foods Studies. The above parend corporation submits this statement for the purpose of olarging its registered office or registered agent, or both, in the State of Foods. Such change was authorized by the corporation's board of directors. I hereby accept the obligations of Soction 617,0502 and 617,1508. Florids Statutes.  SIGNATURE  Signature, by and accept the obligations of Soction 617,0503. Florids Statutes.  SIGNATURE  Signature, by an accept the obligations of Soction 617,0503. Florids Statutes.  SIGNATURE  Signature, by an accept the obligations of Soction 617,0503. Florids Statutes.  SIGNATURE  Signature, by an accept the obligations of Soction 617,0503. Florids Statutes.  SIGNATURE  Signature, by an accept the obligations of Soction 617,0503. Florids Statutes.  SIGNATURE  Signature, by an acceptable of Foods.  Signature Agents of Foods.  Signatu	23 Zip	Country				Trust Fund Contribution	☐ Adde	d to Fees
9. Name and Address of Current Rigistered Agent  HUSTED, JOHN C. 242 KILMER LANE, S.E. WINTER HAVEN FL 33884  83  64 City  FL  85 Zip Code  11. Pursuant to the provisions of Sections 617,1508, Floride Statutes, the above named corporation subtrits this statement for the purpose of changing its registered officing floride Statutes, the above named corporation's board of directors. I haveby accept the appointment as registered officing floride Statutes, the above named corporation's board of directors. I haveby accept the appointment as registered officing floride Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. MARE  12. DELETE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. MARE  12. MARE SIRE ADDRESS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. TITLE  15. D. ORANGE SIRES AND DIRECTORS IN 12  15. TITLE  16. CLARK, JOHN D., J.R.  16. STREET ADDRESS  16. CLARK, JOHN D., J.R.  16. STREET ADDRESS  16. CLARK, JOHN D., J.R.  17. MARE SIREST ADDRESS  16. CLARK, JOHN D., J.R.  18. STREET ADDRESS  16. CLARK, JOHN D., J.R.  19. STREET ADDRESS  19. STREET A	24	<del>  </del>	<b>├</b> ── '	_				. 199.032,
HUSTED, JOHN C. 242 KILMER LANE, S.E. WINTER HAVEN FL 33884  82 Strict Address (P.O. Box Number is Not Acceptable)  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the aboven-armed corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fords. Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Fords Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  PD  CLARK, JOHN D., JR.  PD  CLARK, JOHN D., JR.  13 TITLE  DELETE  13 TITLE  DELETE  13 TITLE  DELETE  14 CITY-ST-2P  TITLE  DELETE  24 KILMER LANE SE  WINTER HAVEN FL  24 KILMER LANE SE  WINTER HAVEN FL  15 TITLE  DELETE  15 TITLE  DELETE  15 TITLE  15 TITLE  DELETE  15 TITLE  15 TITLE  DELETE		9. Name and Address of Curr	ent Registered Agent					
11. Pursuant to the provisions of Sections B17,0502 and 617,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0503. Horida Statutes.  SIGNATURE  Significantly and accept the obligations of Section 617,0503. Horida Statutes.  SIGNATURE  Significantly and accept the obligations of Section 617,0503. Horida Statutes.  SIGNATURE  Significantly and accept the obligations of Section 617,0503. Horida Statutes.  SIGNATURE  Significantly and society the obligations of Section 617,0503. Horida Statutes.  SIGNATURE  Significantly and society the obligations of Section 617,0503. Horida Statutes.  SIGNATURE  Significantly and society the obligations of Section 617,0503. Horida Statutes.  SIGNATURE  Significantly and society the obligations of Section 617,0503. Horida Statutes.  SIGNATURE  Significantly and society the appointment as registered agent and services of the obligation of the obligation of Section 617,0503. Horida Statutes.  SIGNATURE  Significant society and services of the obligation of Section 617,0503. Horida Statutes.  SIGNATURE  Significant society and services of Section 617,0503. Horida Statutes.  SIGNATURE  Significant society and services of Section 617,0503. Horida Statutes.  Significant society and services of Section 617,0503. Horida Statutes.  Significant society and services of Section 617,0503. Horida Statutes.  Significant society and services of Section 617,0503. Horida Statutes.  Significant society and services of Section 617,0503. Horida Statutes.  Significant society and services of Section 617,1503. Horida Statutes.  Significant society and services of Section 617,1503. Horida Statutes.  Significant society and services of Section 617,1503. Horida Statutes.  Significant society and s	242 KILMER LANE, S.E.			82 83	82 Street Address (P.O. Box Number is Not Acceptable)			
On tighterthal grid accept the obligations of Section 817.0503, Florids Statistics.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  CLARK, JOHN D., JR. P.O. BOX 17 N/A  WAVERLY FL  14.017Y-S1-2P  D				1 1	•		FLII	,
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILLE PD	or registe	ith, and accept the obligations of, Se	orida: 50ch change was authorize action 617.0503, Florida Statutes.	ed by the corpo	ration's boar	d of directors. I hereby accept the appoi	ntment as registered	registered office I agent. I am
DELETE   PD   CLARK, JOHN D., JR.   13 TITLE   S.D   Change   Addition	12.				signature required			DRS IN 12
SIREET ADDRESS CITY-ST-ZIP WAVERLY FL  D DELETE HUSTED, JOHN C 242 KILMER LANE SE WINTER HAVEN FL  STD CITY-ST-ZIP TILLE STD CLARK, EDGAR M. 152 HARBOR WAY AUBURNDALE FL  DELETE DELETE  ALCITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP TITLE SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS	TITLE	PD			2			
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D								
NAME	TITLE	<del> </del>	□ DELETE		- ZIP	<u>winter Haven, Florida</u>		[ ] Addition
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STD	STREET ADDRESS			2.3 STREET A	NDORESS			
NAME   CLARK, EDGAR M.   32 NAME   33 STREET ADDRESS   AUBURNDALE FL   34 CiTY-ST-ZIP	CITY ST-ZIP		Fiber exc		r-ZIP			
152 HARBOR WAY		• - · -	Mostere				☐ Change	Addition
AUBURNDALE FL   34. City-St-ZiP					LINORESS			
A 2 NAME	CITY - ST - ZIP	AUBURNDALE FL						
A3 STREET ADDRESS   A4 CITY-ST-ZIP   A4 CITY-ST-ZIP	TITLE		DELETE				☐ Change	Addition
A 4 CITY - ST - ZIP	NAME			4. 2 NAME				
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6.3 STREET ADDRESS  6.1 STREET ADDRESS  6.4 CITY - ST - ZIP	NAME		<del></del>					
CITY-ST-ZIP 6.4 CITY-ST-ZIP	STREET ADDRESS				DORESS			
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certify that the information indicated framis 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 director 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 11 in an address.

SIGNATURE:

TO THE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2-7-96

(941)439-3602