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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

814497

141

| 901 MOORE   | e of Business<br>EFIELD PK DR.<br>VA 23236   | Mailing Address PO BOX 26906 RICHMOND VA 232 US   | 61  |   |   |  |                   |                                     |                         |
|---|--|---|---|---|---|--|-------------------|-------------------------------------|-------------------------|
|   |  |   |   |   |   | 3. Date Incorporated or Qualified 06/18/1960   | 3a. Date          | of Last F<br>5/01/19                | Report<br><b>395</b>    |
| Principa¹ Pl  | lace of Business   | 2a. Mailing Address   |   |   |   | 4. FEI Number 54-0571720   |                   |                                     | Applied Fo              |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.   |   |   |   | 34703/1/20   |                   |                                     | Not Applic              |
|   |  | 27  |   |   |   | 5. Certificate of Status Desired   |                   |                                     | 5 Additiona<br>Required |
| City & State  | e  | City & State  |   |   |   | 6. Election Campaign Financing   |                   |                                     | May Be                  |
| ?ip   | - Constant   | 28  | <del></del>   |   |   | Trust Fund Contribution  |                   | Adde                                | d to Fees               |
| ιÞ  | Country 25   | 2ip<br><b>29</b>  | Countr<br>30  | ý   |   | 8. This corporation has liability for  |                   | x under s                           | 199.032,                |
|   | Name and Address of Current  |   | 30  |   |   | Florida Statutes Yes  10. Name and Address of New I  | No No             | Agont                               |                         |
|   |  |   | 81  | Name  |   | The state of the s | iogistoreu ,      | Agent                               |                         |
|   | DRATION SERVICES COMPANY   |   | 82  | Street  | Address (P.O. Box Number is Not Acceptable) |  |                   |                                     |                         |
|   | S. PINE ISLAND ROAD  |   |   |   | 7,001033                                    |  | UI <del>O</del> ) |                                     |                         |
| PLANIA  | ATION FL 33324   |   | 83  |   |   |  |                   |                                     |                         |
|   |  |   | 84  | City  |   |  |                   | 85 Zi                               | p Code                  |
| Pursuant t  | to the provisions of Sections 607.0502<br>red agent, or both, in the State of Floric   | and 607 1600. Floride Stat.   | 400 400 000   | <u> </u>  | · · · · · · · · · · · · · · · · · · ·       |  | FL                |                                     |                         |
| or register   | red agent, or both, in the State of Florid   | and born 1300, Florida Statt  | ites, the apove-  | паттео с  | ortxoratio                                  | n submits this statement for the bu  | rpose of chai     | nging its r                         | egistered o             |
| familiar wit  | the and accept the obligations of Cost   | da. Such change was author  | zed by the corp   | oration's   | board o                                     | f directors. Thereby accept the app  | ointment as i     | registered                          | l agent. Lar            |
| familiar wit  | th, and accept the obligations of, Secti   | da. Such change was author<br>ion 607.0505, Florida Statute   | zed by the corp<br>s.   | oration's   | board o                                     | n submits this statement for the pu<br>f directors. I hereby accept the app  | ointment as i     | registered                          | i agent. I ar           |
| lamiliar wit<br>IATURE  | th, and accept the obligations of, Secti<br>Signature, typod or printed name of registered agon:   | ion 607.0505, Florida Statute   | is.   | oranor e  | o Coara o                                   | runectors Thereby accept the app   | iointment as i    | registered                          | i agent. Fai            |
| amiliar wit<br>IATURE   | th, and accept the obligations of, Sections of Sections of Asserting Synature, typed or printed name of registered agon:  OFFICERS AND   | on 607.0505, Florida Statute<br>arc title if applicable ந<br>D DIRECTORS  | zed by the corp<br>is.<br>IOTL: Registered Age:   | oranor e  | o Coara o                                   | runectors Thereby accept the app   | DATE              | registerea                          |                         |
| lamiliar wit<br>IATURE  | th, and accept the obligations of, Sections of Sections of Sections of Prices of Prices AND CPE  | ion 607.0505, Florida Statute<br>எம்.ரி.முதிருக்க   | S.<br>IOTL: Registered Age  | oranor e  | o Coara o                                   | m renstring)   | DATE              | registerea                          | PRS IN 12               |
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SIGNATURE:

Robert R. Staples 4-24-96 804-560-8400