FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # C10043

(3)

TAMPA BAY LODGE NO. 252 FREE AND ACCEPTED MASONS OF FLORIDA

ACKSONMILE FI. 32022 2. Principal Place of Business 2. A Molling Addicess 2. Emergent Place of Business 2. State, April 4, etc. 2. State, April 4, et	Principal Pla	ce of Business	Mailing Address	C/O ROY CONNOR SHEPPARD 220 OCEAN ST.						
ACKSONNULE FI. 32202 ACKSONNULE FI. 32202 ACKSONNULE FI. 32202 4018 2. Principal Place of Business 2. A Melling Addriess 2. Suite, April **, etc. 2. Country 2. Election Carmaging Financing 2. Election Carmaging Financing 2. Election Carmaging Financing 3. Suite Address of Current Registered Agent 3. Country 2. Election Carmaging Financing 3. Suite Address of Current Registered Agent 3. Name 3. Name and Address of Current Registered Agent 3. Name 3. Sirest Address (P.O. Box Number is Not Acceptable) 3. Sirest Address (P.O. Box Number is Not Acceptable) 3. Sirest Address of Current Registered Agent 3. Sirest Address (P.O. Box Number is Not Acceptable)										
3. Date incorporated or Qualified Oxidations 3. Date incorporated or Qualified Oxidations 30(3)/1992 3. Date incorporated or Qualified Oxidation O	O OCEAN ST.									
2. Principal Place of Business 2. Modified Address 2. Surie, Aprt #, etc. 2. Surie, Aprt	ACKSONVILLE	FL 32202	JACKSONVILLE FL 32202-32	NV/LLE FL 32202-3218			3. Date Incorporated or Qualified 3a. Date of Last Report 06/30/1992 04/08/1996			
Suite, April , etc. 23 Suite, April , etc. Suite, April , e	2. Principal	Place of Business	2a. Mailing Address							
Suito, Apt. #, etc. 2 27 27 28 27 28 29 29 29 29 29 29 29	21		26	26			00-7506407			
20 27 20 29 29 30 30 5. Centrollar of considerable 5. Sol O May B 30		t. #, etc.	Suite, Apt. #, etc.	_ L			2			
28 29 29 30 10 20 20 20 20 20 20 2	22		27	27			ificate of Status Desired	ليا		
28	City & Sta	ale	City & State			6. Elec	tion Campaign Financing		\$5.00 May Be	
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE FL 32022 11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or a story statement of both in the Start Florida South-change was subhorized by the corporation's board of directors. I hereby accept the appointment as registered office or a story statement of the purpose of changing its registered office or a story statement of both in the Start Florida South-change was subhorized by the corporation's board of directors. I hereby accept the appointment as registered office or a story statement for the purpose of changing its registered office or a story statement for the purpose of changing its registered office or a story statement for the purpose of changing its registered office or a statement for the purpose of changing its registered office or a story statement for the purpose of changing its registered office or a story statement for the purpose of changing its registered office or a story statement for the purpose of changing its registered office or a story statement for the purpose of changing its registered office or a story statement for the purpose of changing its registered office or a story statement for the purpose of changing its registered office or a story statement for the purpose of changing its registered office or a story statement for the purpose of changing its registered office or a story statement for the purpose of changing its registered office or a story statement for the purpose of changing its registered statement for the purpose of changing its registered office or a story statement for the purpose of changing its registered statement for the purpose of changing its registered statement for the purpose of changing its registered and statement for the purpose of changing its registered and statement for the purpose of changing its registered and statement for the purpose of changing its registered and	23					Trus	t Fund Contribution			
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE FL 32202 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 81 City FL 85 Zip Code 81 City FL 85 Zip Code 82 City FL 85 Zip Code 83 Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 City FL 85 Zip Code 88 Zip Code 89 City FL 85 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 81 Acceptable) 82 Zip Code 83 Acceptable) 84 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 89 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 81 Acceptable) 82 Zip Code 83 Zip Code 84 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zi		├ ── ′	<u>├</u> ─┐ '	 	/	l l				
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE FL 32202 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Stalutes, the above-named corporation submits this statement for the purpose of changing its registered eight of the provisions of Sections 617.0502 and 617.1508, Florida Stalutes, the above-named corporation submits this statement for the purpose of changing its registered eight of the provision of Sections 617.0502 and 617.1508, Florida Stalutes, the above-named corporation submits this statement for the purpose of changing its registered eight of the purpose of changing its registered of the provisions of Sections 617.0502 and 617.1508, Florida Stalutes, the above-named corporation submits this statement for the purpose of changing its registered eight of the purpose of changing its registered of the provisions of Sections 617.0502, Florida Stalutes. SIGNATURE Column Symmetry of the purpose of the appointment as registered apport submits registered apport submits this statement for the purpose of changing its registered of the purpose of changing its registered apport submits this statement for the purpose of changing its registered of the purpose of changing its registered apport submits this statement for the purpose of changing its registered apport submits this statement for the purpose of changing its registered apport submits this statement for the purpose of changing its registered apport submits this statement for the purpose of changing its registered apport submits this statement for the purpose of changing its registered apport submits this statement for the purpose of changing its registered apport submits this statement for the purpose of changing its registered apport submits this statement for the purpose of changing its registered apport submits this statement for the purpose of changing its registered apport submits this statement for the purpose of changing its registered apport submits fall statement for the purpose of changing its registered apport subm	24			30				<u> </u>		
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONMILE FL 32202 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Silvent Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Silvent Address (P.O. Box Number is Not Acceptable) 85 Silvent Address (P.O. Box Number is Not Acceptable) 86 87 88 City FL 88 City	· · · · · · · · · · · · · · · · · · ·	y, Name and Address of Cui	Tent Registered Agent		T No		ne and Address of New He	gistered A	lgent	
220 CGEAN STREET JACKSONVILLE FL 32202 11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statues. The above named corporation submits this statement for the purpose of charging its registered office or a section grant, or both, in the play of Florida Subjectance was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent spiral plants, and accept throst or plants are and accept throst or plants are and accept throst or plants. And accept throst or plants are and accept throst or plants are and accept throst or plants are and accept throst or plants. And accept throst or plants are and accept and the plants are and accept throst or plants are and accept throst or plants are and accept throst and accepted and that my signature shall have the same legal effect as if made under cath, the plants are and that my signature shall have the same legal effect as if made under cath, the plants are and that my signature shall have the same legal effect as if made under cath, the plants are and that my signature shall have the same legal effect as if made under cath, the plants are and that my signature sh	A. 1555			81	INE	me				
JACKSONMILE FL 32202 83				82 Street Ac		eet Address (P.O. B	ox Number is Not Acceptal	ole)		
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 changing its registerer office or a sistery quent, or both in the Staty? If Florida. Such-change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Juniparation with, and accept thybridghous of, Section 17.0503, Florida Statutes. 12.					ļ					
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statules, the above-named corporation submits this statement for the curpose of changing its registered office or presery point, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I provided are used using sured agent. I provided are used using sured agent and accept through planes of specific Statules. SIGNATURE 2. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 14. STREET ADDRESS 15. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 16. STREET ADDRESS 17. STREET ADDRESS 17. STREET ADDRESS 18. STREET ADDRESS 18. STREET ADDRESS 19. Humphries Road 1	JACKSU	NVILLE FL 32202		03						
11. Pursuant to the provisions of Sections 617.002 and 617.1506, Florida Statutes, the above-harmed corporation submits this statement for the purpose of changing its registered agent (registering to be controlled in the composition of the composition of the provisions of sections				84	Cit	ly		<u></u>	85 Zip Code	
SIGNATURE 12.	44 Durawan	to the provisions of Castiana C17.	0000 017 4000 Ft 01-1	3	L_				<u> </u>	
SIGNATURE 12.	office or	register an open, or both, in the St	aje pi Florida. Such change was	authorized b	e-nai y the	corporation's board	of directors. I hereby acce	ourpose of ot the appr	changing its registered Sintment as registered	
12. OFFICERS AND DIRECTORS IN 12 TITLE JWD DELETE 1.TITLE WORSHIPFUL MASTER D ROCHA, RALPH J 1.2 MAKE ROBERT A ADDITIONSCHANGESTO OFFICERS AND DIRECTORS IN 12 TITLE JWD ROCHA, RALPH J 1.2 MAKE ROBERT A ADDITIONSCHANGESTO OFFICERS AND DIRECTORS IN 12 TITLE WMD COLFARA, LYNN F SAFETY HARBOR FL 34695-4921 TITLE WMD DELETE 2.TITLE SENIOR WARDEN D ROLFS-1.72P TITLE WMD DELETE 2.TITLE SENIOR WARDEN D ROLFS-1.72P TITLE SWD DELETE 3.TITLE SENIOR WARDEN D ROLFS-1.72P TITLE SWD DELETE 3.TITLE SENIOR WARDEN D ROLFS-1.72P TITLE SWD DELETE 3.TITLE JUNIOR WARDEN D ROLFS-1.72P TAMPA FL 33624 TAMPA FL 33624 TAMPA FL 33624 TAMPA FL 33624 TO MOIR, BRUCE S STREET ADDRESS SOLD STREET ADDRESS STREET ADDRESS SOLD SET STREET ADDRESS SOLD SOLD SET STREET ADDRESS SOLD SOLD SET STREET ADDRESS SOLD SET STREET ADDRESS SOLD SOLD SET STREET ADDRESS SOLD SOLD SET STREET ADDRESS SOLD SET STREET ADDRESS SOLD SOLD SET STR	agent.	dm farmiar with, and accept the of	ightions of, Section 617,0503, Fi	iorida Statute	\$.	·			3-	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ROCHA, RALPH J STREET ADDRESS 519 HUMPHRIES RD SAFETY HARBOR FL 34695-4921 TITLE WMD CITY-ST-ZIP WMD CIEMAN, LYNN F 80 POOLE PL OLDSMAR FL 34677-2349 CITY-ST-ZIP OLDSMAR FL 34677-2349 CITY-ST-ZIP TITLE WMCGOLDRICK, ROBERT A 14612 VILLIAGE GLEN CIRLCE TAMPA FL 33624 SIFRET ADDRESS CITY-ST-ZIP SIFRET ADDRESS CITY-ST-ZIP TITLE WORSHIES ADDRESS CITY-ST-ZIP TO WHALEN, RICHARD J SR STREET ADDRESS CITY-ST-ZIP TO STREET ADDRESS CITY-ST-ZIP TO WHALEN, RICHARD J SR STREET ADDRESS CITY-ST-ZIP TO STREET ADDRESS CITY-ST-ZIP TO DELETE 61 TITLE SO STREET ADDRESS CITY-ST-ZIP TO STREET ADDRESS CITY-ST-ZIP TO CITY-ST-ZIP TO DELETE 61 TITLE SO STREET ADDRESS CITY-ST-ZIP TO CITY-ST-ZIP TO STREET ADDRESS CITY-ST-ZIP TO STREET ADDRESS CITY-ST-ZIP TO DELETE 61 TITLE STREET ADDRESS CITY-ST-ZIP TO TO CITY ST-ZIP TO TO TO TO STREET ADDRESS CITY-ST-ZIP TO TO TO TO TO TO TO TO TO T	SIGNATURE		700	FE B				· 3- 7	7	
INITE JWD ARCHA, RALPH J STRET ADDRESS THUMPHRIES RD 12 MAME STRET ADDRESS SAFETY HARBOR FL 34695-4921 AND COLEMAN, LYNN F SAFETY HARBOR FL 34695-4921 ILLE WMD COLEMAN, LYNN F SAFETY HARBOR FL 34695-4921 AND COLEMAN, LYNN F SAFETY HARBOR FL 34695-4921 ILLE WMD COLEMAN, LYNN F SAFETY HARBOR FL 34695-4921 AND COLEMAN, LYNN F SAFETY HARBOR FL 34697-2349 COLY-SI-2P AND COLEMAN, LYNN F SAFETY HARBOR FL 34695-4921 AND COLETE STRET ADDRESS ALCHY-ST-2P AND COLETE AND COLEMAN, LYNN F SAFETY HARBOR FL 34695-4921 AND COLETE AND COLETE	12				ent Eig			DATE CEDS AND	DIDECTODO IN 19	
ROCHA, RALPH J 519 HUMPHRIES RD 510 DELETE 517112 SAFETY HARBOR FL 34695-4921 AMME COLEMAN, LYNN F 518FET ADDRESS 518FET ADDRESS 619 POOLE PL 71112 SWD 7112 SWD 7113 STREET ADDRESS 619 POOLE PL 71112 SWD 7113 STREET ADDRESS 619 POOLE PL 71112 SWD 7113 STREET ADDRESS 619 STREET ADDRESS 61		· · · · · · · · · · · · · · · · · · ·							DINECTORS IN 12	
SIREET ADDRESS STREET ADDRESS STRE		1						_		
SAFETY HARBOR FL 34695-4921 ITTLE WMD COLEMAN, LYNN F SIPECT ADDRESS OLDSMAR FL 34677-2349 OLDSMAR FL 34677-		·			LYDDE			S. 1 F. 17		
NAME MORANE MARONE MORANE MORANE MORANE MORANE MORANE MORANE MORANE MOR			4921							
COLEMAN, LYNN F 80 POOLE PL. COLY ST-ZIP OLDSMAR FL 34677-2349 DELETE SWD MCGOLDRICK, ROBERT A 14612 VILLIAGE GLEN CIRLCE TAMPA FL 33624 SIREET ADDRESS CITY-ST-ZIP TITLE MOIR, BRUCE S CITY-ST-ZIP TITLE MOIR, BRUCE S CITY-ST-ZIP TITLE TD MAKE MORAWATER FL 34619 TO MALEN, RICHARD J SR P.O. BOX 803 N/A OZONA FL 34660-0803 DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE MOME STREET ADDRESS CITY-ST-ZIP TITLE TO MALEN, RICHARD J SR P.O. BOX 803 N/A OZONA FL 34660-0803 DELETE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP COLEMAN, LYNN F 80 POOLE PL. 23 STREET ADDRESS 34 CITY-ST-ZIP COLEMAN STREET ADDRESS COLE	TITLE				21-21		_	ח		
SIPECT ADDRESS OLDSMAR FL 34677-2349 OLDSMAR	NAME						• • • • • • • • • • • • • • • • • • • •	_		
OLDSMAR FL 34677-2349	STREET ADDRESS	· ·			HOOA 1	FSS FACTOR	JUNES RUCHA 			
ITILE SWD DELETE 31 TITLE JUNIOR WARDEN D NAME MCGOLDRICK, ROBERT A SIREEI ADDRESS CITY-ST-ZIP TAMPA FL 33624 SIREEI ADDRESS CITY-ST-ZIP TAMPA FL 33624 MOIR, BRUCE S SIREEI ADDRESS CITY-ST-ZIP TITLE TD DELETE TITLE TD DELETE TITLE TD DELETE STREET ADDRESS CITY-ST-ZIP NAME WHALEN, RICHARD J SR SIREEI ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME WHALEN, RICHARD J SR SIREEI ADDRESS CITY-ST-ZIP TITLE DELETE 61 TITLE G 2 NAME 62 NAME 63 STREET ADDRESS CITY-ST-ZIP 11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	CITY-ST-ZIP					514 MU	Hantan El R	4695-	1921	
NAME MCGOLDRICK, ROBERT A 14612 VILLIAGE GLEN CIRLCE TAMPA FL 33624 TAMPA FL 33624 TAMPA FL 33624 MOIR, BRUCE S SIREET ADDRESS CITY-ST-ZIP TILE MOIR, BRUCE S CITY-ST-ZIP TILE TO WHALEN, RICHARD J SR SIREET ADDRESS CITY-ST-ZIP TILE MAME MOZONA FL 34660-0803 DELETE A 2 NAME STREET ADDRESS CITY-ST-ZIP DELETE CITY-ST-ZIP DELETE CITY-ST-ZIP DELETE CITY-ST-ZIP DELETE CITY-ST-ZIP DELETE CITY-ST-ZIP DELETE CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP DELETE CITY-ST-ZIP CITY-ST-ZIP DELETE CITY-ST-ZIP TITLE CITY-ST-ZIP DELETE CITY-ST-ZIP CITY-ST-ZIP DELETE CITY-ST-ZIP TAMPA FL 336624 33 STREET ADDRESS A4 CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP DELETE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 336624 33 STREET ADDRESS A4 CITY-ST-ZIP CITY-ST-	TITLE		☐ DELETE						.,	
SIREET ADDRESS CITY-ST-ZIP TAMPA FL 33624 33 STREET ADDRESS CITY-ST-ZIP TITLE SD MOIR, BRUCE S SIREET ADDRESS CITY-ST-ZIP CLEARWATER FL 34619 TD WHALEN, RICHARD J SR SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-Z	NAME	= * * =		3.2 NAME			.,,			
TAMPA FL 33624 34. CITY-ST-ZIP SD DELETE 41 TITLE MOIR, BRUCE S SIFEET ADDRESS CITY-ST-ZIP TITLE TD CLEARWATER FL 34619 TO NAME WHALEN, RICHARD J SR SIFEET ADDRESS CITY-ST-ZIP TITLE NAME WHALEN, RICHARD J SR SIFEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO DELETE STREET ADDRESS CITY-ST-ZIP TO DELETE STREET ADDRESS CITY-ST-ZIP TO DELETE STREET ADDRESS CITY-ST-ZIP TO STREET ADDRESS CITY-ST-ZIP TO DELETE STREET ADDRESS GA STREET ADDRESS	STREET ADORESS		CE	3.3 STREE	RODA 1					
TITLE NAME MOIR, BRUCE S SIREET ADDRESS CITY- ST-ZIP TILE TO MAME WHALEN, RICHARD J SR STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TO DELETE STREET ADDRESS CITY- ST-ZIP DELETE STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP ALCITY- ST-ZIP DELETE STREET ADDRESS CITY- ST-ZIP TO DELETE STREET ADDRESS CITY- ST-ZIP ALCITY- ST-ZIP TO DELETE STREET ADDRESS CITY- ST-ZIP 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; the	CITY-ST-ZIP			3.4. CiTY-	ST-Z#					
MOIR, SRUCES 2912 EDENWOOD ST CLEARWATER FL 34619 TITLE TD DELETE MAME WHALEN, RICHARD J SR STREET ADDRESS CITY-ST-ZIP OZONA FL 34660-0803 TITLE DELETE DELETE S1 TITLE C1 c ar water F1 34619-2701 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; the	TITLE		DELETE	4.1 TITLE						
STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 34619 TITLE TD NAME WHALEN, RICHARD J SR STREET ADDRESS CITY-ST-ZIP OZONA FL 34660-0803 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE S1 TITLE S2 NAME S3 STREET ADDRESS CITY-ST-ZIP DELETE S1 TITLE C1 C C C C C C C C C C C C C C C C C C	NAME			4. 2 NAME		TREASU				
TIPLE TO DELETE S.1 TIPLE S.2 NAME STREET ADDRESS P.O. BOX 803 N/A S.3 STREET ADDRESS CITY-ST-ZIP OZONA FL 34660-0803 DELETE 6.1 TIPLE G.2 NAME STREET ADDRESS G.3 STREET ADDRESS G.3 STREET ADDRESS G.3 STREET ADDRESS G.3 STREET ADDRESS G.4 CITY-ST-ZIP 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; the	STREET ADORESS			4.3 STREE	AODR	ess Richar	"" wew "\ \\	14 #AI		
TITLE TO DELETE 5.1 TITLE 52 NAME 52 NAME 53 STREET ADDRESS CITY-ST-ZIP OZONA FL 34680-0803 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 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; the	CITY-ST-ZIP	CLEARWATER FL 34619		4.4 CiTY~5	T-ZiP	P.O. B	0X 803 ///	- 5		
STREET ADDRESS CITY-ST-ZIP P.O. BOX 803 N/A OZONA FL 34660-0803 DELETE DELETE 61 TITLE NAME STREET ADDRESS CITY-ST-ZIP 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; the	TITLE		☐ DELETE	5.1 TITLE		Ozona	F1 34660-060 ********************************			
OZONA FL 34680-0803 TIFLE NAME STREET ADDRESS CITY-ST-ZIP 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; the	NAME			5.2 NAME				,		
DELETE 6.1 TITLE DELETE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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; the	STREET ADDRESS			5.3 STREE	ADDR	ESS Bruce	areneve et Dicknen nott			
NAME STREET ADDRESS CITY-ST-ZIP 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; the	CITY-ST-ZIP	OZONA FL 34660-0803		5.4 CITY - 5	1-2P	2712 E	**** E. 2474	057/	51	
STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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; the	TITLE		DELETE	6.1 TITLE		Clearm	arer LI 2401	7 · (/ \)	, <u>.</u> .	
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 CITY-ST-ZIP 6.5 CITY-ST-ZIP 6.5 CITY-ST-ZIP 6.6 CITY-ST-ZIP 6.7 CITY-ST-ZIP 6.7 CITY-ST-ZIP 6.8 CITY-ST-ZIP 6.9 CITY-S	NAME			6.2 NAME		1				
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; the	STREET ADDRESS			6.3 STREET	ADDR	ESS				
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; the	CITY-ST-ZIP	<u> </u>								
	informati	ion indicated on this annual report -	or supplemental annual report is:	true and acci	ırate	and that my signatu	re shall have the same lead	al effect as	if made under oath: tha	
							d by Chapter 617, Florida S	itatutes; ar	d that my name	

A. McGoldrick

SIGNATURE:

FILED

Mar 11 1997 8:00am

Secretary of State