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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # F607 Name Y COMPANIES OF LAKE ((O) Ated		 	12) 110) A10) A10)	1 81811 31811 818 11 1881
Principal Place		Mailing Address		1			
	X 418 YA AVENUE 7 FL 32065	P O BOX 11 Lake City F Us	16 L 320 56-1116				
US					3. Date Incorporated or Qualified	3a. Date of Las	
2. Principal Pl	ace of Business	2a. Mailing Addre	ess		01/04/1982 4. FEI Number	<u> 04/12</u>	
21		26			59-2147301	-	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired		75 Additional
City & State	9	City & State			6. Election Campaign Financing	\$5	O Required O May Be
23	Country	28 Zip		ounte.	Trust Fund Contribution	Ad	ded to Fees
24	25	29	30	ountry	8. This corporation has liability for in Florida Statutes Yes		' 3 199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Agent	
				81 Name			
TERRY M KELLY RT 13 BOX 418			82 Street		ress (P.O. Box Number is Not Acceptabl	e)	
	CITY FL 32055			63			
				84 City		FL 85	Zip Code
11. Pursuant to	o the provisions of Sections 607,0502	2 and 607.1508. Florida	Statutes, the ah	ove-named corpor	ration submits this statement for the purp		e registered offic-
or registere	ed agent, or both, in the State of Flori	da. Such change was a	uthorized by the	corporation's box	ed of dispotance I have become a sufficient	intmont on register	ad senst Lear
SIGNATURE _			tatutes.	corporation's boar	rd of directors. I hereby accept the appo	mitment as register	ed agent. Fam
SIGNATURE	Signature, typed or printed name of registered agent	Land title if applicable.	(NOTE: Registere	ed Agent signature require	d when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AN	Land title if applicable. D DIRECTORS	NOTE Registere	ed Agent signature require		DATE CERS AND DIREC	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AN	Land title if applicable.	(NOTE: Registers 13.1	ad Agent signature require TITLE	d when reinstating)	DATE	
SIGNATURE 12. TIFLE NAME	Signature, typed or printed name of registered agent OFFICERS AN PD KELLY, TERRY M	Land title if applicable. D DIRECTORS	NOTE Registers 13. [E 1.1 1.21	ed Agont signature require TITLE NAME	d when reinstating)	DATE CERS AND DIREC	
SIGNATURE 12. TIFLE NAME SIREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AN PD KELLY, TERRY M RT 13 BOX 418	Land title if applicable. D DIRECTORS	NOTE Registers 13. [E 1.1 1.2]	ed Agont signature require . TITLE NAME STREET ADDRESS	d when reinstating)	DATE CERS AND DIREC	
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed of printed name of registered agent OFFICERS AN PD KELLY, TERRY M RT 13 BOX 418 LAKE CITY, FL 00000 SD KELLY, VERONICA A.	t and title if applicable. D DIRECTORS DELE	(NOTE Registers 13.1	ed Agont signature requirer . TITLE NAME STREET ADDRESS CITY-ST-ZIP	d when reinstating)	DATE CER'S AND DIRECT Chang	TORS IN 12 e Addition
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block

SIGNATURE: 5

4/28/96 904-752-1752 Daytinia Phone !