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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(0)

	OM GUTTER CORPORATI	ION, INC.					
Principal Place	of Business	Mailing Address					
% JIMMY W. HORNE 1832 WALES DR TALLAHASSEE FL 32303		% JIMMY W. HORNE 1832 WALES DR TALLAHASSEE FL 32303					
					3. Date Incorporated or Qualified 03/17/1982	3a. Date of 08/0	Last Report 03/1995
_ 2, Principal Pk 21	ace of Business	2a. Mailing Address 26			4. FEI Number 59-2172593		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75 Additional
22		27			5. Certificate of Status Desired		Fee Required
Crty & State		City & State		6. Election Campaign Financing	<u></u>	\$5.00 May Be	
Zip	0	28			Trust Fund Contribution		Added to Fees
24	Country 25	Ζιρ [29]	30	T y	8. This corporation has liability for Florida Statutes	intangible tax u ₃	nder s 199.032,
<u></u> L	g, Name and Address of Curr				10. Name and Address of New		ent
			В	1 Name			
HORNE	, JIMMY W.		8	2 Street Add	iress (P.O. Box Number is Not Accepta	hlei	
1832 W	ALES DR				illoss (Television in Televis		
TALLAH	iassee fl. 32303		8	3			
	•		8	4 City			B5 Zip Code
44 Discount t	o the providing of Oasters 007.00	200				-	,
or register	o the provisions of Sections 607.05 ed agent, or both, in the State of Fi	xuz and 607.1508, Florida Statute orida. Such change was authorize	es, the above ed by the cor	named corpor poration's boa	ration submits this statement for the pu ord of directors. I hereby accept the app	irpose of changi pointment as rec	ing its registered office
	th, and accept the obligations of, Se	ection 607.0505, Florida Statutes.		لإسر		~ 10°	(9 /
SIGNATURE:	Signature, typed or printed large at registered as	TOUNC PIE	SIVE	-N/	•	5-/9-	4/1
		noted provide and provide state.	The Englishment And	and when the same and a size		J/	10
12.	OFFICERS A	OND DIRECTORS	TE: Registered Ag	ent signature require	at when renstating)	DATE	17
12. Titl	OFFICERS A	pent and title 4 applicable (NC) AND DIRECTORS [1] DELETE			ed when wistating) ADDITIONS/CHANGES TO OFF	DATE' FICERS AND DIE	17
	D MOODY, WAYNE	AND DIRECTORS	13.			DATE' FICERS AND DIE	RECTORS IN 12
TITLE	D MOODY, WAYNE RT 3 BOX 329 B	AND DIRECTORS	13. 1.1 Title 1.2 NAM			DATE' FICERS AND DIE	RECTORS IN 12
NAME STREET ADDRESS CHY-ST-ZIP	D MOODY, WAYNE RT 3 BOX 329 B QUINCY, FL 00000	AND DIRECTORS [] DELETE	13. 1.1 Title 1.2 NAM	ET ADDRESS		DATE' FICERS AND DIE	RECTORS IN 12
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SIGNATURE:

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; 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 if chapter 6, or on an attachment with an address.

GNATURE:

STATURE AND THE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Description

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