COF ANNL	ILE NOW: FILI PROFIT RPORATION JAL REPORT <b>1997</b>	NG FEE AFTER	FLORIDA DEPAI Sandra	RTMENT OF <b>B. Mortham</b> ury of State	STATE	Fl Apr 17 1 Secreta				1
1. Corporation	MENT # <b>F7</b>	2599 N CORPORATION	(6)							
Principal Place 48 GREENTREE P.O. BOX 5 HOMOSASSA (		48 GF P.O. (	ng Address Reentree St. BOX 5 DSASSA SPRINGS FI	L 34447-0005		3. Date Incorporated or Qualified	3a. Date of	Last Re		1
Procinal P	lace of Business		ailing Address		<u> </u>	03/18/1982 4. FEI Number	05/01/1		nlind For	-
21		26				59-2262992		No	plied For t Applicable	
Suite, Apl. 22	#, etc.	27	uite, Apt. #, etc.			5. Certificate of Status Desired		<b>3.75</b> A Fee Re	dditional quired	
City & State	0	c	ity & State			6. Election Campaign Financing			May Be	1
<b>23</b> Zip	Country	28 Z	ip	Country	,	Trust Fund Contribution           8. This corporation has liability for		Added t inder s.		-
24	25 Name and Addre	29 ss of Current Register	ed Agent	30		Florida Statutes	Yes X No			$\frac{1}{2}$
	DLOW, JAMES T.			81	Name					1
	GREENTREE ST. MOSASSA FL 34446			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)			1
				83		munmailmatumatumatum			·····	1
				84	City	,	<b>FL</b> 85	Zip (	Code	-
office or r	registered agent, or both im familiar with, and acci Supraw specie proceduate	<ul> <li>in the State of Florida, ept the obligations of, S</li> <li>of registered egent and lifte if an</li> </ul>	Such change was action 607.0505, Fl	authorized b orida Statute	y the corpora s.	poration submits this statement for the tion's board of directors. I hereby acce red when reinstating)	DATE	ient as	registered	
12.	01 PD	FFICERS AND DIRECTO	DRS	13.		ADDITIONS/CHANGES TO OFFI		ECTOR hange	S IN 12	(96/6)
NAME	SUDLOW, JAMES 1			1.2 NAME			—	•		034 (
STREET ADORESS	48 GREENTREE ST HOMOSASSA FL	•		1.3 STREE						CR2E0
CITY-ST-ZIP TITLE	D		DELETE	2.1 TITLE	51-21			hange	Addition	15
NAME STREET ADDRESS	SUDLOW, SAMMIE 48 GREENTREE ST			2.2 NAME						
CITY - ST-ZIP	HOMOSASSA FL	•		2.3 STREE 2.4 CITY-						Į
lifte			DELETE	31 TITLE				Change	Addition	]
NAME STREET ADDRESS				3.2 NAME 3.3 STREE	ADDRESS					l
CITY-ST-ZiF			Deter	34. CITY-		<u></u>	······································	hauci	<b>1 1 1 1 1 1 1 1 1 1</b>	
TITLE			DELETE	4.1 TITLE 4. 2 NAME				hange	Addition	
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP		·····	DELETE	4.4 CITY-	ST-ZIP			hange	Addition	-
TITLE NAME				5 1 TITLE 5.2 NAME	-			ланус		}
STREET ADDRESS				5.3 STREE	ADDRESS					
CHTY-ST-ZHP THTLF			DELETE	5.4 CITY -	ST-ZIP	<u></u>	<b></b> 17	hange	Addition	-
NAME				6.2 NAME					total intervention	
STREET ADDRESS				6.3 STREE						
0fr-St-3P 14. I do heret	by certify that the information	ation supplied with this	filing does not qual	6.4 City-	motion state	d in Section 119.07(3)(i), Florida Statut	es. I further certi	fy that	the	+
informatic Lam ar⊨o	on indicated on this annu	al report or supplement	tal annual report is	true and acc	urate and tha	t my signature shall have the same leg	al effect as if ma	ade uno	der oath: that	4
appears i SIGNAT	in Block 12 or Block 17	f changed, or on an atta	achment with anyad	dress.		rt as required by Chapter 607, Florida N-10-97	362.3			