## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F88924

(8)

THRASHER, THRASHER, & THRASHER, ATTORNEYS AND CO UNSELORS AT LAW, CHARTERED

Principal Place	of Business	Mailing Address				t camting ten times taten maten ertet ündt Arate minte meter defer affer minte nicht nicht				
908 N. GADSDI TALLAHASSEE		808 N. GADSDEN ST. Tallahassee Fl 32303-6316								
						3. Date Incorporated or Qualified 06/30/1982	3a. Date (		eport	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For	
21		26				59-2203420		No	t Applicable	
Suite, Apt #	⊭, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	1 .	City & State				6. Election Campaign Financing		\$5.00	May Re	
23		28				Trust Fund Contribution		Added t		
Zip	Country	Zip	Cou	untry	*****	8. This corporation has liability for in	ntangible tax	under s	199.032,	
24	25	29	30			Florida Statutes	Yes 🔲 t	40		
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Reg	istered Age	nt		
THR	ASHER, ELWIN R, JR			81	Name					
	N. GADSDEN ST.			82	Chaot Add	ress (P.O. Box Number is Not Acceptab	<u> </u>			
	LAHASSEE FL 32303		62 Street Ad			duress (P.O. Box Number is Not Acceptable)				
T/N=	SA PROCE I E OCCOU			83					\-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
				64	City		FL <sup>8</sup>	35 Zip (	Code	
office or re agent. Lar SIGNATURE	o the provisions of Sections 607 0502 egistered agent, or both, in the State of in familiar with, and accept the obligat	f Florida Such change wa ons of, Section 607.0505,	s authorize Florida Sta	ed by itutes	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of ch it the appoint	anging it ment as	s registered registered	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND D	RECTOR	S IN 12	
TITLE	PD	DELETE	1.1 T	TLE				Change	Addition	
NAME	THRASHER JR, ELWIN R		1.2 N	IAN'E						
STREET ADDRESS	90B NORTH GADSDEN STREET	Ī	1.3 S	TREET	ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 00000		1.40	CITY - SI	I - ZIP					
TITLE	V	DELETE	2.1 [					Change	Addition	
NAME	THRASHER, ELWIN R III		2.2 N	AME						
STREET ADDRESS	908 NORTH GADSDEN STREET		2.3.5	STREET .	ADDRESS					
CITY-ST-ZIF	TALLAHASSEE FL 32303			CITY-\$						
TOLE	V	DELETE	317					Change	Addition	
NAME	THRASHER, LAURA S		3.2 N	IAME						
STREET ADDRESS	908 NORTH GADSDEN STREET	•	3.3 5	STAEET	ADDRESS					
CrTY - ST - ZiP	TALLAHASSEE FL 32303			CITY-S						
TITLE		☐ DELETE	4.1 1					Change	Addition	
NAME			4.21	NAME				•	,	
STREET ADDRESS			4.3 9	TREET	ADDRESS					
COTY - ST - ZiP			4.4 0	CITY-SI	1-21P				ı	
TITLE		☐ OELETE		TITLE				Change	Addition	
NAME:			5.2 N	NAME						
STREET ADDRESS					ADDRESS					
CHY+ST-ZIP			1	CITY-S	ì					
TITLE		DELETE		TITLE				Change	Addition	
NAME:		•		NAME				-		
STREET ADDRESS					ADDRESS	· .				
STREET MUUNTESS			6.3 3	PINCE	nount pa					

14. I do nereby cert by 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; that I am an officer or director of the corporation or the receiver of the corporation or the receiver of the corporation of the receiver of the receiver

SIGNATURE:

**FILED** 

Jan 27 1997 8:00am

Secretary of State