
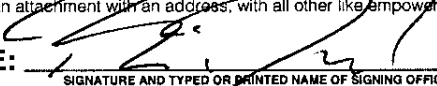


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90077 011 \*\*\*150.00

|   |   |  |  |
|---|---|--|--|
| DOCUMENT # F93000001812   |   |   |  |
| 1. Entity Name<br>7700 SOUTH TAMiami TRAIL CORPORATION  |   |  |  |
| Principal Place of Business<br>% RICHARD D. MCOMBER<br>54 SHREWSBURY AVENUE<br>RED BANK, NJ 07701   |   | Mailing Address<br>% RICHARD D. MCOMBER<br>54 SHREWSBURY AVENUE<br>RED BANK, NJ 07701  |  |
| 2. Principal Place of Business<br>Rt 441  |   | 3. Mailing Address<br>Rt 441   |  |
| Suite, Apt. #, etc.<br>P.O. Box 1030  |   | Suite, Apt. #, etc.<br>P.O. Box 1030   |  |
| City & State<br>Alachua, FL   |   | City & State<br>Alachua, FL  |  |
| Zip<br>32615  | Country<br>USA  | Zip<br>32615   | Country<br>USA   |
| 6. Name and Address of Current Registered Agent<br>F & L CORP.<br>200 LAURA ST.<br>JACKSONVILLE, FL 32202   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |   |  |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                     |  |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CDPS<br>MCOMBER, RICHARD D<br>54 SHREWSBURY AVENUE<br>RED BANK, NJ 07701 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>Luhrs, John H<br>255 Diesel Road<br>St. Augustine, FL 32084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPS<br>Dingler, Brian G<br>255 Diesel Road<br>St. Augustine, FL 32084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TS<br>Jett, Daniel N<br>Route 441<br>Alachua, FL 32615 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>Luhrs, Warren R<br>Route 441<br>Alachua, FL 32615 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |  |  |
| SIGNATURE:   |   | Brian G. Dingler   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Date   | (904) 829-0550<br>Daytime Phone #  |

