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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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rancinal Place	of Business	·	Malian Address						
P.O. BOX 8			Mailing Address P.O. BOX 8607						
GRAY TN 37615			GRAY TN 37615						
						3. Date Incorporated or Qualified			•
Principal Pl	ane of Business		2a. Mailing Address			11/24/1993 4. FEI Number	06/	/28/199	
1			26			62-1339054		<u> </u>	oplied For lot Applicab
Suite, Apt.	я, etc.		Suite, Apt. #, etc	o.		5. Certificate of Status Desired		\$8.75	Additional lequired
Oity & State			City & State			Election Campaign Financing Trust Fund Contribution		\$5.00	May Be
<i>Z</i> gi	Countr 25	у	Zip	Count	ry	8. This corporation has liability for			
	9. Name and Addre	ss of Current F				Florida Statutes Ye 10. Name and Address of New	es No	oeni	
				8	1 Name		Tropietorou Ag	your .	
MILLER	, RICHARD H ESQUI	RE		8	2 Street Add	dress (P.O. Box Number is Not Accept	ahle)		
	LMETTO STREET			Ļ					
TITUSV	ILLE FL 32796			В	3				
				8	4 City		Fi	85 Zip	Code
				_	1 '				
I. Pursuant t	o the provisions of Secti	ons 607.0502 an	nd 607.1508. Florida SI	alutes, the above	named corno	oration submits this statement for the n	FL I	ging ite ro	nictored of
OF REGISTOR	ou agont, or both, in the	State of Florida.	Such change was autr	ionzea by the cor	named corpo poration's boa	pration submits this statement for the p and of directors. I hereby accept the ap		ging its re gistered r	gistered off agent. I am
familiar wit	th, and accept the obliga	tions of, Section	607.0505, Florida Stat	ionzea by the cor	named corpo poration's boa	oration submits this statement for the p and of directors. I hereby accept the ap		ging its re gistered a	gistered of agent. I am
familiar wit	th, and accept the obligations, types or procedure to	otate of Fightia, tions of, Section	607.0505, Florida Stat	ionzea by the cor	poration's boa	ard of directors. Thereby accept the ap		ging its re gistered i	gistered of agent. I am
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familiar wit	th, and accept the obliga Section, typic or protect or in: C PC	State of Florida. Itions of, Section of registered agent and	607.0505, Florida Stat	(NOTE: Registered Ag	poration's boa	ard of directors. Thereby accept the ap	purpose of chang opointment as re- DATE	egistered a	agent. I am
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SIGNATURE:

NATIONAL AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JR MABE, DIRECTOR, 1/16

1/16/96

Daytime Phone #

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