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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # F9

Principal Place of Business

F93324

(4)

Mailing Address

ELLIS R. FAUGHT, JR., P.A.

FILED
Apr 28 1997 8:00am
Secretary of State



206 MASON BRANDON FI		206 MASON ST BRANDON FL 33511-5212					
					3. Date Incorporated or Qualified 07/29/1982	3s. Date of La 05/01/19	
_	Place of Business	2a. Mailing Address	h		4. FEI Number		Applied For
21		26		59-2211221		Not Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	ale	City & State			Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees
Ζιρ 24	Country Zip Cour			<i>!</i>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	glatered Agent	
FA	JUGHT, ELLIS R JR		81	Name			
	6 MASON ST PANDON FL 33511		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)	
			83				
			84	City		FL 85	Zip Code
11. Pyrsuan	t to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the abov	e-named cor	poration submits this statement for the p	urpose of changi	ng its registered
ottice or agent 1	registered agent, or both, in the Stat am familiar with, and accept the obli	e of Florida. Such change was dations of, Section 607,0505, Fi	authorized b Iorida Statute	y the corpora s.	ation's board of directors. I hereby acces	ot the appointmen	t as registered
SIGNATURE							
SIGNATIONE	Signature, typed or printed name of registered as	gent and title if applicable (NO	TE: Registered Ag	per srutengia tre	ulted when reinstating)	DATE	
12.	OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D	☐ DELETE	1.1 TITLE			☐ Cha	nge 🔲 Additio
NAME	FAUGHT, E ELAINE		1.2 NAME				
STREET ADDRESS			1.3 STREE	ADDRESS			
City - St - ZIP	BROOKSVILLE FL		1.4 CITY-	ST-2IP			
MitE	PD	DELETE	2.1 TITLE			Chai	nge 🔲 Additio
NAME	FAUGHT, ELLIS R JR		2.2 NAME				
STREET ADDRESS	7049 REMINGTON RD.		2.3 STREE	ADDRESS			
CITY - ST - ZIP	BROOKSVILLE FL		2. 4 CITY-	ST-ZIP			
TILLE		☐ DELETE	3.1 TITLE			☐ Cha	nge 🔲 Additio
NAME			3.2 NAME	1			
STREET ADDRESS	; [3.3 STREE	T ADDRESS			
C-TY - S1 - ZIP	1		3.4. CITY-	ST-ZIP			
TiTLE		☐ DELETE	4.1 TITLE			☐ Cha	nge 🔲 Additio
NAME			4. 2 NAME				
STREET ADORESS	, (4.3 STREE	T ADDRESS			
CITY-ST-ZIP	İ		4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	51 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Cha	nge Additio
NAME			52 NAME	1			
STREET ADDRESS	<u>.</u>			T ADORESS			
CITY - ST - ZIP	21		5.4 CITY-	· 1			
TITLE	<u> </u>	DELETE	6.1 TITLE	y - K-11		Cha	nge 🔲 Additio
NAME		.1	6.2 NAME				
STREET ADDRESS				T ADDRESS			
	`						
City-St-ZIP		20 20 20	6.4 CITY-		ord in Section 119 07(3Vi) Florida Statute	- 16.56	12 - 1 (L -

4. I do hereby certify that the information supplied with this filling 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 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 changed, or on an attachment with an address.

SIGNATURE

ATURE AND TYPED OR PRINTED NAME OF BIONING OCCUPAND DIRECTOR

Ellis R. Faught, Jr. 4/22/97 (813) 681-4246