FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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DOCUN 1. Corporation I	MENT # F940	00003713 (4	-)		
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The stand Division	of FD colored				
13145 SPRING HILL D STE G SPRING HILL FL 34609		Mailing Address	ND B		
		13145 SPRING HILL D Ste G	IOH		
		SPRING HILL FL 3460	9	Date Incorporated or Qualified	3a. Date of Last Report
US		U\$		07/15/1994	08/11/1995
2. Principal Plac		2a. Mailing Address	A	4. FEI Number	Applied For
13149	3 Spring Hill Driv	18 26 13149 Sprin	ng Hill Brive	38-3185602	Not Applicable
Suite, Apt. #, 2	, etc.	Suite, Apt. #, etc."		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3 Spr 100	Hill, FL	28 Spring Hu	1 <u>FP</u>	Trust Fund Contribution	Added to Fees
Zip_	Country	29 34609	Country	8. This corporation has liability for	intangible tax under s. 199.032, ☐ No
4 34609	9. Name and Address of Curre		30 USA	Fiorida Statutes Yes 10. Name and Address of New F	. -
			81 Name		
RYDELI	L, JEROME S		82 Street Add	ress (P.O. Box Number is Not Acceptat	n'ol
	UMBERLAND LANE		62 Street Addi	gess (r.e. box nomber is not acceptat	лој
			83		
SPRING	G HILL FL 34607				
SPRING	3 MILL PL 34007		84 City		85 Zip Code
11. Pursuant to or registere familiar with	o the provisions of Sections 607.06 of agent, or both, in the State of Flo , and accept the obligations of, Sc	.02 and 607.1508, Florida Statuteorida Such change was authorize action 607.0505, Florida Statutes.	84 City s, the above-named corporation food	pration submits this statement for the purificial directors. I hereby accept the app	FL 85 Zip Code rpose of changing its registered office ointment as registered agent. I am
11. Pursuani to or registere familiar with SIGNATURE	o the provisions of Sections 607.050 kd agent, or both, in the State of Fich, and accept the obligations of, Section 1.5 come 5 kd	deul entrandition dapploable (NOT	s, the above named corpo d by the corporation coa	S-M	rpose of changing its registered office ointment as registered agent. I am
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cert-y that the information indicated on this annual report or symptomental 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 reviews of invisite 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 the report of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on the report of the report of the report of the report of that it is not contained by the report of the report

SIGNATURE: SIGNATURE AND TYPES OR PAIR

OF SIGNING OFFICER OF DRYCES. BYCLEU 3-11-96 352-666-7008

Description Proces

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