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			Feb 11 1997 8:00am Secretary of State			
•	MENT # F9408 3's tire #2, INC.	E NOONESE KITE NOOM BOOM BENDE NOOM WAT BIEN BOOM BOOK BIEN BOOM BIEN BOOM BIEN BOOM BIEN BOOM BIEN KARE							
Principal Plac % RONALD G (1004 SOUTH M LAKE CITY FL US	Bielling Iarion Street	% ROI 1004 S	ig Address NALD G BIELLING SOUTH MARION STI CITY FL 32025-5847			3. Date Incorporated or Qualified 3a. Date of Last Report			
2. Principal F	lace of Business	2a. M	ailing Address			08/10/1982 4. FEI Number	03/14/		plied For
21		26				59-2207993			t Applicable
Suite, Apt 22	#, etc.	27 27	uite, Apt. #, etc.			5. Certificate of Status Desired		8.75 A Fee Re	Additional quired
City & Stat	ė.	\vdash	ty & State			6. Election Campaign Financing		\$5.00	
23 Zip 24	Country 25	28	p	30 Co.	untry	Trust Fund Contribution 8. This corporation has liability for Florida Statutes	intangible tax		********
:4]	9. Name and Address of Cu		ed Agent	30		10. Name and Address of New Re			
	LING, RONALD G				81 Name				
	SOUTH MARION STREET				82 Street Add	ress (P.O. Box Number is Not Accepta	ole)		
LAK	E CITY FL 32025				83				
					84 City		le le	5 Zip C	ode.
					1 1	poration submits this statement for the	PL		
office or agent. It a	registered agent, or both, in the S am familiar with, and accept the o Startan , typed or protections of registere				d by the corporal lutes. •	tion's board of directors. I hereby acce red when reinstating)	pt the appoint	ment as	registered
12.	r	AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFI			
TITLE NAME	VP Bielling, James Carltoi	ď	DELETE	1.1 T 1.2 N	\ \		U	Change	noifibbA []
STREET ADDRESS	RT 5 BOX 4380	•			TREET ADDRESS	•			
CITY-ST-ZIP	LAKE BUTLER FL			1.4 0	TY-ST- <i>Z</i> IP	in the second se			
TITLE	DP		DELETE	2.1 T				Change	Addition
NAME	BIELLING, RONALD G RT 3 BOX 173			2.2 N	!				
STREET ADDRESS CITY-ST-ZIP	LAKE BUTLER, FL 00000				TREET ADDRESS	e e e e e e e e e e e e e e e e e e e			
Title	Date Doller, it coops		DELETE	311		······································		Change	Addition
NAME				3.2 N	AME				
STREET ADDRESS					TREET ADDRESS				
CITY ST-ZIF			☐ DELETE	3.4. (4.1 T	CITY-ST-ZIP			Change	Addition
NAME			- VALLE		NAME		لسنا		- rosingi
STREE! ADDRESS				1	TREET ADDRESS				
CITY-ST-ZiP				4.4 0	ITY-ST-ZIP		····		·
TITLE			DELETE"	5.1 7				Change	Addition
NAME PROFEST ADDRESSES				52 N					
STREET ADDRESS				1	TREET ADDRESS				
CITY+\$1-ZIP TIFLE		· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 T				Change	Addition
NAME				6.2 N)			•	
STREET ADDRESS				6.3 \$	TREET ADDRESS				
City S1 - 2iF	1		£1:		HTY-ST-ZIP		. 11 -1-	-414. · ·	AL .
information Lam an d	by certify that the information sup on indicated on this angual report officer or director of the perporation in Block 12 or Block 13 fr, hunge	or supplement in or the receiv	tal annual report is er or trustee empo	true and wered to	exemption states accurate and that execute this repo	d in Section 119.07(3)(i), Florida Statut t my signature shall have the same leg rt as required by Chapter 607, Florida	as, i further ce al effect as if r Statutes; and	rury that I nade und that my n	มาย der oath; that name

FILED