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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

FILED
Jun 17 1998 8:00am
Secretary of State

	MENT # F9600 TUSA, INC.	00003223 (2)			
Principal Place	e of Business	Mailing Address			MOLAN JIINE KIRIN YINAN KIŞI INNI
PO BOX 3253		PO BOX 3253			
W SOMERSET KY 42564 W SOMERSET KY 42564				DO MOT WEITE IN TI	UB 0040F
	•			DO NOT WRITE IN TH	IIS SPACE
	•			06/25/1996	
2. Principal Pi	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21	• • • • • • • • • • • • • • • • • • • •	26		61-1287461	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required
City & State	3	City & State		Election Campaign Financing	\$5.00 May Be
23	· · · · · · · · · · · · · · · · · · ·	28	Country	Trust Fund Contribution	Added to Fees
Zip	- Country	Ζφ	Country	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
24	25 Name and Address of Curr		30	10. Name and Address of New Register	
HIL	L . NCHARD		81 Name	444	00
eset ADC WAV			20 0	12	nny Ustield
FT MYERS FL 33912				Address (P.O. Box Number is Not Acceptable) 321 ARC WAY	
	-		83	111-2-13-1	
			84 City		85 Zip Code
	÷		' F	T Myers F	-L 33012
office or nagent Land	Home afeel		s, the above-named althorized by the corplian Statutes. Hegistered Apolit signature	corporation submits this statement for the purpos poration's board of directors. I hereby accept the control of the purpose of the control of the purpose of the control of the purpose of	18
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	DCP	DELETE	11 THTLE		Change Addition
NAME	GIRDLER, REBECCA		12 NAME		;
STREET ADDRESS	8352 E HWY 452		1.3 STREET ADDRESS		إ
City-ST-ZIP	EUBANK KY 42567		1.4 CITY- S1 - ZIP		
TITLE	TOCV WILSON, JAMES T	DILETE	21101.		Change L Addition
NAME	530 HWY 790		2 ? NAME		
STREET ADDRESS	BRONSTON KY 42518		2.3 STREET ADDRESS	4, 4	
CITY-ST-ZIP TITLE		DELETE	2 4 CITY - ST - ZIP 3.1 THTF	& SECRETARY	Change Addition
NAME		box 4	3.2 NAME	CAUPAGETE	
STREET ADDRESS			3.3 STREET ADDRESS	1650 Hay 1249	
CITY-ST-ZIP			34 CHY-ST-ZIP	GAILROBERTS 1654 HWY 1247 SOMERSET KY 42501	
TITLE		DELETE	4.1 TITLE	STEVE SNOWDEN, COO	Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	300 Clifty St Somerser Ky 42501	
CITY-ST-ZIP	<u> </u>		4.4 CITY - ST - ZIP	WHERSEL EY FUSUL	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CfTY-ST-ZIP		Trans.	5.4 CHY-ST-7(P		Tours Training
TITLE		☐ DECETE	6.1 TITLE	6000025647 -06/19/98 01006	Change Addition
NAME	5		6.2 NAME	- 0 6/19/9801006	·026 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
STREET ADDRESS	i		6.3 STREET ADDRESS	***150.00	1, 4 th
CITY-ST-ZIP	**		64 CITY-ST-ZIP		

14. Thereby 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 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 altachment with an address.

SIGNATURE:

Att 1 man day

4.16.98