SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F96000004510 (1)

C V PROCESSING, INC.

FILED Sep 15 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						ODIII BEINE BARD		 	
4703 EASTON LAKE WALES I		4703 EASTON ST. LAKE WALES FL 33853			DO NOT WRITE	IN THIS SPA	CE		
					3. Date incorporated or Qualified	3a. Date o	f Last R	eport	
					09/03/1996				
2. Principal Place of Business		2a. Mailing Address	├─┐		4. FEt Number			plied For	
21		26					Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			Certificate of Status Desired Sa.75 Additional Fee Required			
City & State		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Count	ry	8. This corporation owes or has pai				
24	25	29	30		Personal Property Tax due June 30. Yes No				
	9. Name and Address of Cure	rent Registered Agent		41	10. Name and Address of New Re	Istered Age	nt		
VAR	NER, NANCY Z		8	1 Name					
	3 EASTON ST E WALES FL 33853		8	2 Street Add	ress (P.O. Box Number is Not Acceptab	e)			
DAV.	E WALES PL 33033		8	3					
			8	4 City		FL ⁸	5 2ip (Code	
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0 egistered agont, or both, in the Starn familiar with, and accopt the ob	502 and 607.1508, Florida Statutate of Florida Such change was a	es, the abo authorized I orida Statut	ve-named corp by the corporal es.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of cha	inging its nent as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered				red whon reinstating)	DATE			
12.		AND DIRECTORS	13.	gent arguature requi	ADDITIONS/CHANGES TO OFFIC		RECTOR	S IN 12	
TITLE	Р	DELETE	1.1 TITLE		7.00(11010)(01111100)(01110		Change	Addition	
NAME	VARNER, COLLETT D	_	1.2 NAMI				-		
STREET ADDRESS	4703 EASTON ST			ET ADDRESS					
CITY-ST-ZIP	LAKE WALES FL		1,4 CITY	\ \ \				İ	
TITLE	VST	DELETE	2.1 TITLE				Change	Addition	
NAME	VARNER, NANCY Z		2.2 NAM	.					
STREET ADDRESS	4703 EASTON ST		2.3 STRE	ET ADDRESS					
CITY-ST-ZIP	LAKE WALES FL		2.4 CITY						
TITLE		DELETE	3.1 TITLE				Change	Addition	
NAME }			3.2 NAMI	E					
STREET ADDRESS			3.3 S1RE	ET ADDRESS					
CITY-ST-ZIP			3.4. CITY	- ST - ZIP					
TITLE		DELETE	4.1 TITLE				Change	☐ Acdition	
NAME			4. 2 NAM	IE					
STREET ADDRESS			4.3 STRE	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY	-S1-ZIP					
TITLE		DELFTE	5.1 TITLE				Change	Addition	
NAME			5.2 NAMI	E .					
STREET ADDRESS			5 3 STRE	et address (
CITY-ST-ZIP			5.4 CITY]	
TITLE		DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME	<u> </u>					
STREET ADDRESS			6.3 STRE	ET ADDRESS					
City-St-zip			6.4 CITY - ST - ZIP						
	ou and it, that the information arms	lied with this filing door not qualit			d in Caption 110.07/9\/i\ Elorida Statutor	I destinance	414 . 10.01		

r up riereby certify that the impormation 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 attachment with an address.

LENGRANDEL DE CHIER D

01.197 941-128-1.98