	PROFIT CORPORATION	ING FEE AFTEI	FLORIDA DEPAR Sandra B	RTMENT, OF STATE	APPROVED AND FILED 1997 NOV -4 AN	
Aı	NUAL REPORT 1997			ry of State CORPORATIONS		• •
200				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
1. Corpc	CUMENT # F (  Stration Name  XCP, I		)(05(01			OMPA
Principal Place of Business Mailing Address  6741 Industrial Ave  Same						
6141 Poct	Industrial Av Richey, FL	e - 34668	· - +	Date of Last Report		
2. Princis	pal Pla <u>ce of Busi</u> ness	. 2a. M	1976 4. FEI Number	Applied For		
21 67	41 Industrial	Me 26	SAM	<u> </u>	16-1087372	Not Applicable
	Apt. #, etc.	<b>├</b> ¬	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22  Gity &		F	ily & State		6. Election Campaign Financing	\$5.00 May Be
23 <b>\&amp;</b> (\)		<b>28</b>	'ıp	Country	Trust Fund Contribution  8. This corporation has liability for intangit	Added to Fees
24 B	4668 25 V	SA 29		30	Florida Statutes Yes	☐ No
		ess of Current Register		81 Name	10. Name and Address of New Registere	d Agent
	DARRELL G.				fress (P.O. Box Number is Not Acceptable)	
	6741 INDU	STRIAL AVE		83	1000 (FO) DON HOLLOW TO THE COMPLETE,	
	PORT RICHEY	, FL 346	<i>16</i> 80			····
		•		84 City	F	
11. Purse office	uant to the provisions of Sec or registered agent, or bot	tions 607.0502 and 607. h, in the State of Florida.	1508, Florida Statute Such change was a	es, the above-named cor authorized by the corpora	poration submits this statement for the purpose ition's board of directors. I hereby accept the a	of changing its registered ppointment as registered
		cept the obligations or, s	Jeetian 607.0505, mid ,	orida Statutes.		
SIGNATU	Signature, typed or printed han	ne of registered agent and title if a		Registered Agent signature requ	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	NO DIDECTORS IN 12
TITLE	President	DEFICERS AND DIRECTO	DELETE	11 MLF	AUDITIONS/CRIANGES TO OFFICERS A	Change Addition
NAME	Darrell Raden	victies		1.2 NAME		
STREET ADDR	L -			13 STREET ADDRESS		
CITY-ST-ZIF	Post Richey, F Vice President		DELETE	14 CITY - ST - ZIP 21 TITLE	<b>50000234</b> 1 -11/06/97-	- J <sub>t</sub> Cpapge
NAME	Diane Rademac	her.		2.2 NAME	****165.8	
STREET ADD	RESS G741 Industry	ral Are		2 3 STREET ADDRESS	·	ы" : : :
CITY-ST-ZF	· Port Richey,	FL 34668	DELETE	2 4 CITY - ST - ZIP 3 1 TITLE		Change Addition
NAME &				3.2 NAME		
STREET ADDI				3.3 STREET ADDRESS		
CITY+ST-ZIF	2		DELETE	3 4. CITY - ST - ZIP 4 1 TITLE		Change Addition
NAME				4 2 NAME		
STREET ADDR	1			4.3 STREET ADDRESS		
CITY-ST-ZIP	)		DELFTE	4.4 COY-ST-7/P 5.1 HHLF		Change Addition
NAME				5 2 NAME		
STREET ADDR				5 3 STREET ADDRESS		$\cap$
CITY-ST-ZIP			DELFTE	5.4 C(1Y - \$1 - 7/P 6.1 TITLE		Chart A Little
NAME				6.2 NAME		174/XI
STREET ADDR	i			6.3 STREET ADDRESS		//1
14. I do 1	hereby certify that the inform	nation supplied with this	Ning does not qualif	64 City-St-ZiP y for the exemption state	d in Section 119.07(3)(i), Florida Statutes I furt	her certify that the
Iam	mation indicated on this and an officer of director of the ears in Block 12 or Block 13	comoration of the receiv	/eroXtrusto <del>⊘emo</del> owi	ered to execute this repo	if my signature shall have the same legal effect of as required by Chapter 607, Florida Statutes	as it made under dath; that ; and that my name • 841 6630
SIGN	ATURE:	HE AND TYPED OR PRINTED NA	MOSQUE XI	OF DIRECTOR	/U/WU/4/	Daytime Phone ●



## "Priority #1-Quality and Customer Satisfaction"

40 Elm Street, Dryden, New York, 13053-9624 Tel: (607) 844-9143 Fax: (607) 844-8031 Web Site: http://www.xcp.com

October 27, 1997

Division of Corporations Annual Report Section PO Box 6327 Tallahassee, FL 32314

Dear Mr. Toner:

Thank you for forwarding the form that needs to be filed withthe Florida Department of State.

Per your request, we have enclosed a check for \$165.00 since we did not receive the form in January.

If you have any questions please call (607) 844-9143.

Thank you,

Jason Bruner