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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

i			ocretary of State LOF CORPORATIONS		Secretary of State		
DOCUI	MENT # G03909	9 (0)					
40/2/12							
Principal Place of Business 495 CABOSE PLACE MULBERRY FL 33860 US		Mailing Address PO BOX 948 MULBERRY FL 33860-0948 US					
					3. Date incorporated or Qualified 10/11/1982	3a. Date of Last Rep 05/01/1996	ort
2. Principal P.	hace of Business	28. Mailing Address			4. FEI Number 59-2223017	<del></del>	lied For Applicable
Suite Apt	#, etc.	Suite Apt. #, etc.			6. Certificate of Status Desired	\$8.75 Ad	ditional
City & State	e	City & State			6. Election Campaign Financing	\$5.00 M	lay Be
Zip 24	Country 25	28   Zip   29	Со. <b>30</b>	intry		Yes No	
l 	<ol> <li>Name and Address of Currently, EARL M</li> </ol>	ent Registered Agent	·	81 Name	10. Name and Address of New Re	glatered Agent	
3309	CINDY LYNN PLACE			82 Street	Address (P.O. Box Number is Not Acceptate	) <del>(</del> 9)	
1	. BOX 151 IA FL 33547			83		·	
Fildi	IA FE 33341			84 City		<b>85</b> Zip Co	nde
	100					FL   '	
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Star am familiar with, and accord the obtains	502 and 607,1508, Florida S te of Florida. Such change v nations of Section 607,050	itatutes, the a was authorize 5. Florida Sta	bove-named d by the corp lutes	corporation submits this statement for the poration's board of directors. I hereby acceptions are submitted to the corporation of the corporation	surpose of changing its in at the appointment as re	registered rgistered
SIGNATURE							
12.	Significate is part or pointed name of registered a OFFICERS A	gent and tille it applicable ND DIRECTORS	(NOTE: Registere	d Agent signature	required when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS	IN 12
10.6	P	DELETE		TLE		The second secon	Addition
NAME	HASTY, EARL M		1.2 N	ame			3
STREET ADDRESS	3309 CINDY LYNN PLACE			TREET ADDRESS			يًا
CITY-ST-ZIP	LITHIA FL St	□ DELETE		TY-ST-ZIP		Change	☐ Addition C
NAME	HASTY, MONA F		2.1 N			Change Land	
STREET ADDRESS	6836 PINETREE LANE E			FREET ADDRESS			1
CHY-SI-ZIP	LAKELAND FL			HTY-ST-ZIP			
10(6	BD	DELETE				Change	☐ Addition
NAME:	HASTY, DARLENE J		3.2 N				1
STREET ADDRESS	5124 MEDULLA RD LAKELAND FL			TREET ADDRESS			
CITY ST-74	PANCEMIA I E	DELETE		iTY-ST-ZIP TLE		Change	Addition
NAME			4.21				
STREET ACCURESS			4.3 S	TREET ADDRESS			
CHY-ST-ZiP				ITY-ST-ZIP			
TITLE		☐ DELETE		i		Change	☐ Addition
NAMÉ			5.2 N				
STREET ADDRESS				TREET ADORESS			
CITY-SI-Z# TiTLE		DELETE		TLF		Change	Addition
NAME			6.2 N			manuf arrange	
STREET ADORESS				TREET ADORESS			
CITY-ST-ZIP				ITY-ST-ZIP			

14. I do hereby 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 chapted, or on an attachment with an address.

**FILED** 

May 19 1997 8:00am