

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathias  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # G15954**  
1. Corporation Name  
**6/10 CORPORATION**

**(2)**

**FILED**  
**Mar 30, 1996 08:00 AM**  
**Secretary of State**



Principal Place of Business  
**P O BOX 7378 SUITE 310 WINTER HAVEN FL 33883**

Mailing Address  
**P O BOX 7378 SUITE 310 WINTER HAVEN FL 33883**

2. Principal Place of Business  
21 State, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 State, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified **12/30/1982** 3a. Date of Last Report **08/10/1995**

4. FEIN number **59-2244598** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.  Yes  No

**9. Name and Address of Current Registered Agent**

**STRANG, CARL J., III  
519 AVE. B, NW  
WINTER HAVEN FL 33882**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.09(2) and 607.13(2), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.09(2), Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>STRANG, CARL J III</b>	
STREET ADDRESS	<b>519 AVE. B., NW</b>	
CITY-STATE-ZIP	<b>WINTER HAVEN, FL 00000</b>	
TITLE	<b>COB</b>	<input type="checkbox"/> DELETE
NAME	<b>STRANG, CARL J, JR</b>	
STREET ADDRESS	<b>D1050 W LAKE OTIS DR</b>	
CITY-STATE-ZIP	<b>WINTER HAVEN, FL 00000</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>WILSON, KERRY</b>	
STREET ADDRESS	<b>PO BOX 7608 NA</b>	
CITY-STATE-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>BOGDAHA, JOSEPH</b>	
STREET ADDRESS	<b>PO BOX 7378 NA</b>	
CITY-STATE-ZIP	<b>WINTER HAVEN FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bogdahn, Joseph</b>
STREET ADDRESS	<b>300001764 183</b>
CITY-STATE-ZIP	<b>-04701/96--01026--024</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>***200.00</b>
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 officer or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed from the last statement with an address.

**SIGNATURE:** *[Signature]* **Carl J Strang III** /15/95 977/277-30

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

*[Handwritten initials]*  
3-30-96