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

PROFIT CORPORATION

DOCUMENT # G41657

COMMUNITY NATIONAL, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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22

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11. Pursi office agen (9)

2a. Mailing Address

City & State

Suite, Apt. #, etc

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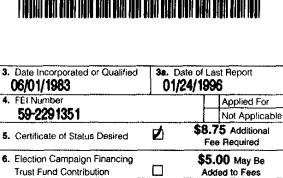
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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997



FILED Jan 23 1997 8:00am Secretary of State



	Zip [Country	Zip	Co.	untry		8.	This corporation ha		tangible <u>t</u> ax under s	. 199.032,
24	2	5	29	30				Florida Statutes		Yes 🔲 No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent							
BLACK, DAVID E.				81	Name						
	1010 S. WOODLAWN BARTOW FL 33830				62	2 Street Address (P.O. Box Number is Not Acceptable)					
					83						

	84	City				FL 85	Zip Code	
iant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the	above	-named corp	poration submits	this statement	for the purpo	se of chang	ging its register	90
or registered agent, or both, in the State of Florida, Succeening was authorized. Tam familiac with, and recopt the orthogening of Section 697.05057 Florida St	zed by	the corporat	tion's board of di	irectors. I here	by accept the	appointme	ent as registered	t
t. I am familiar with, and recopt the officiations of Section 697.0505/Florida SI	tatutes				•			
V XUIXIUY WANTAM				Tamesa	1 /-	1007	,	

SIGNATURE.	ARRIVED 1810	XXXX	January 14, 1997			
	Signal of typed on DAVI of the typed Black and the	gent (NOTE RE	egistered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	PD	DELETE	1.1 TITLE		Change	Addition
NAME	BLACK, DAVID E.		1.2 NAME			ļ
STREET ADDRESS	1010 S. WOODLAWN		1.3 STREET ADDRESS			
CITY - ST - ZIP	BARTOW FL		1.4 CITY- \$1-ZIP			
TITLE	DST	DELETE	2.1 TITLE		☐ Change	Addition
NAME	TRAXLER, W D		22 NAME			
STREET ADDRESS	465 E HOOKER		23 STREET ADDRESS			
CITY - ST-ZIP	BARTOW, FL 00000		2 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
T-TLE		DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			ľ
STREET ADDRESS			4.3 STREET ADDRESS			Ì
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DÉLETE	5.1 TITLE		Change	Addition
NAME .			5.2 NAME			}
STREET ADDRESS			5.3 STREET ADDRESS			
DITY - ST - ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6 I TITLE		Change	Addition
NAME			62 NAME			
STREET ADDRESS		\	6.3 STREET ADDRESS			
CITY - ST - ZIP		1	6.4 CITY - 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 changed or on an attachment with an address.

Jan. 14, 1997 (941)533-0475