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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G75256

(9)

FRIENDS	SHIP SQUARE, INC.	-			
Principal Place of Business Mailing Address  WILLIAM H. JOHNSON  8801 NINTH STREET NORTH  87. PETERSBURG FL 33702  Mailing Address  WILLIAM H. JOHNSON  8801 NINTH STREET NORTH  ST. PETERSBURG FL 33702			PRTH		
				3. Date Incorporated or Qualified 12/16/1983	3a. Date of Last Report 08/09/1996
2. Principal Place of Business		26. Mailing Address 26		4. FET Number 59-2858499	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Bo Added to Fees
Zip	Country 25	Z(p)	Country 30	8. This corporation has liability for in	
	9. Name and Address of Currer			10. Name and Address of New Reg	
8801	NSON, WILLIAM H. I NINTH STREET NORTH PETERSBURG FL 33702		83	dress (P.O. Box Number is Not Acceptabl	le)
			84 City		FL 85 Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.050 registered agent, or both, in the State of familiar with, and accept the oblig	02 and 607.1508, Florida Sta e of Florida. Such change wa ations of, Section 607.0505,	tutes, the above-named co is authorized by the corpora Florida Statules.	rporation submits this statement for the pration's board of directors. I hereby accep	urpose of changing its registered If the appointment as registered
SIGNATURE	Signature, typed or printed name of registorest age	ent mag little if applicable (N	IOTE Firgistered Agert signature req	lired where reinstating)	DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	STD	☐ DECETE	1,1 TITLE		Change Addition
NAME	JOHNSON, WILLIAM H.		1,2 NAME		
STREET ADDRESS	1461-87TH AVNUE NORTH ST. PETERSBURG FL		1.3 STRECT ADDRESS		
CITY-ST-ZIP TITLE	PD	DELETE	1.4 CHY+ST-ZIP 2.1 THE		Change Addition
NAME	BONANNO, HENRY J.	,,,	2.2 NAME		C Orlange C Mountain
STREET ADDRESS	8801 NINTH STREET NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		2 4 CITY-ST-ZIP		
TITLE		DELFTE	3.1 7171.15		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3,4 C(1Y-S1-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAMI		
STREET ADDRESS	•		4.3 STREET ADORESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DETETE	51 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET AUDRESS		
CITY-ST-ZIP		□ BF(17f	5 4 City-St-ZiP		Charge Addition
TITLE	1	L DECET€	61 TILLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS		/	6 3 STREET ADDRESS		
CITY-ST-ZIP	by certify that the information supplic	ad with this filing does not au	6.4 CHY-ST-ZIP	ed in Section 119.07(3)(i), Florida Statutes	s. I further certify that the
informatio	on indicated on this annual copport of officer or director of the coport on o in Block 12 or Block 13 of pige is	sapplemental agreed report i	is true and accurate and the owered to execute this rep	at my signature shall have the same lega ort as required by Chapter 607, Florida S	I effect as if made under eath: that

NATURE: 4-30-97 813-574-154