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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # <b>G7706</b> NTOL, INC.	5 (2)						
Principal Place of Business  1770 ALLENS CREEK DR. P O BOX 5283  CLEARWATER FL 34618  Marting Address  1770 ALLENS CREEK DR. P O BOX 5283  CLEARWATER FL 34618						I OHI! QEBUI DEBI	I BIBIA BIBII	
CEMINAL	W FE ONOTO	CLEARWAITH FL 34	918		3. Date Incorporated or Qualified 12/30/1983	3a. Date	of Last R	
	ncipal Place of Business 2a. Mailing Address			v	4. FEI Number	- L	Applied For	
Suite, Apt.	, etc	Suite, Apt. #, etc.			59-2361273			Not Applicable
22		27			5. Cert-ficate of Status Desired	5. Certificate of Status Desired See Required Fee Required		
City & State 23	9	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country Zip (4 25 29 29			Country 30		8. This corporation has liability for intargible tax under s 199,032, Florida Statutes Yes No			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R		gent	
			8	1 Name			*	
Carroll, H.A. 1770 Allens Creek Dr. Clearwater Fl 34624			8	2 Street Add	ddress (P.O. Box Number is Not Acceptable)			
			83					·
ULLANT	TAIER FL 34024		[*	3				
			8	4 City		FL	<b>85</b> Zip	Code
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statu	Les, the above	named corpo	ration submits this statement for the purp	<del></del> -	l III Igina its re	edistered office
SIGNATURE	n, and accept the doirgations of, section	on 607.0505, Florida Statote	5.		ration is inhits this statement for the purified of directors. Thereby accept the appoint	n as theilmtnic	egistered	agent. Lam
12.	Signal reclymed or printed has in of registered agent a OF HICERS AND		Off. Bigsbored A.,	e il seglidi de, fectioni,		DATE		
TITLE	P	DELETE	1 1 Till		ADDITIONS/CHANGES TO OFFI		DIRECTO Change	RS IN 12 Addition
NAME .	CARROLL, HERBERT A		1.2 NAME				L] Adaman	
STREET ADDRESS	1770 ALLENS CREEK DR.		13 STHE	FADDRESS				
CITY - ST - ZIP	CLEARWATER FL 34624	ATER FL 34624		SI Z:P				
THLE	ST	□ DÉLETE 2 1 T					Change	Addition
NAME	CARROLL, BARBARA A			ĺ				
STREET ADDRESS	2623 SEVILLE BLVD #304 CLEARWATER FL 34624			1 ADDRESS				
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CITY-ST-ZIP TITLE		[ DELETE	5 4 CiTy-				~	
NAME			6 1 11116				Change	☐ Addition
STREET ADDRESS			6.2 NAME					
CITY-ST-ZIP			6.3 STREE	L ADDRESS				
	certify that the information supplied wi	ith this filing is voluntarily for	rished and do	es not quality fo	or the exemption stated in Section 119.0	17/31/k) Elorio	No Stalute	_ 12

oath; that I am an officer or dire appears in Block 12 or Block 12 regards supprendence amount report is true and accurate and that my signature shall have the same logal effect as if made under tion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name an attachment with an address.

**SIGNATURE:**