Sele: Apt. P. etc. Suite. Apt. P. etc. Apt. P. etc. <th>ANN</th> <th>PROFIT PROBATION IUAL REPORT 1996</th> <th>Sar Se DIVISION</th> <th>DEPARTMENT OF STATE Indra B. Mortham Cretary of State I OF CORPORATIONS</th> <th></th> <th></th>	ANN	PROFIT PROBATION IUAL REPORT 1996	Sar Se DIVISION	DEPARTMENT OF STATE Indra B. Mortham Cretary of State I OF CORPORATIONS		
Principal Place of Eveness 3 NO, TONGE STREET ORIGINO BEACH FL 32174-511 3 NO, TONGE STREET ORIGINO BEACH FL 3 NO, TONGE STREET ORIGINO ORIGINO ORIGINO ORIGINO ORIGINO ORIGINO ORIGINO ORIGINO ORIGINO OR	1. Corporatio	on Name	(3)		
3 NO. TOKKE STREET ORMOND BEKKH FL 22/174-511 3 NO. TOKKE STREET ORMOND BEKKH FL 22/174-51 3 NO. TOKKE STREET ORMOND BEKKH FL 4 10 NOTH	RUN	iyon and runyon, inco	ORPORATED		 	unde vide didni diden debui deber bedal deber fod
ORMOND BEACH FL 321744511 ORMOND BEACH FL 321744511 2. Proceed Plane at Business 2a. Maling Action:s 2. Proceed Plane at Business 2a. Maling Action:s 2. Proceed Plane at Business 2a. Maling Action:s 2. State, 4, et et. 5a. Date Incorportering or Oxathed 2. State, 4, et et. 5b. Control 2. State, 4, et et. 5b. Control 2. State 5b. Control 3. Date Incorportering or Oxathed 1b. Incorportering or Oxathed 3. Date Incorpo	Principa! Plac	e of Business	Mailing Address			
Concentral Fluere of Business Advances April 19984 Og/14/1984 Og/24/1985 April And April 20 April And April 20 Apri						
24 Marcel Plane of Busines 24. Malling Address 4. FEI Number Implementation Soute, Appl. 4, etc. 30 Soute, Appl. 4, etc. 59. 237937 Implementation Soute, Appl. 4, etc. 30 Soute, Appl. 4, etc. 50. Control Soute, Appl. 4, etc. Cry, A State Cry, A State Cry, A State Cry, A State Fee Required Fee Required 20 Country 29 30 Country 8. Director Contropy Fee Required 30 Proceedings 29 30 Proceedings Fee Required 9. Name and Address of Country 29 30 Proceedings Fee Required 9. Name and Address of Country 29 30 Proceedings Fee Required 9. Name and Address of Country 20 Country Fee Required Fee Required 9. Name and Address of Country 20 Country Fee Required Fee Required 9. Name and Address of Country 20 Country Fee Required Fee Required 9. Name and Address of Country 20 Country Fee Required Fee Required 9. Name and Address of					, , , , , , , , , , , , , , , , , , , ,	
Sulfe, April, 4, etc. Sulfe, April, 4, etc. S. Contracte of Status Dearer \$5.75 Additional Fee Required Org 5 State City, 5 State City, 6 State City, 6 State S. Control \$5.00 May Be Fee Required Zip Country 2ip Country \$1000000000000000000000000000000000000	2. Principal P	Place of Business				Applied For
Cry & State Cry & State Cry & State State State State State State Addet to Fees 2 2 2 2 2 State State Addet to Fees 3 3 3 3 State State Addet to Fees 3 3 3 State State State Addet to Fees 4 2 3 3 State State State Addet to Fees 4 2 3 3 State State State State State Addet to Fees 4 2 3 3 State State State State State State Addet to Fees 4 2 3 State State State State Addet to Fees		. #, etc.				\$8.75 Additional
2p Country 2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2		le	City & State			\$5.00 May Be
S. Name and Address of Current Registered Agent ID. Name and Address of Rev Registered Agent WEST, THOMAS L., ESO. 432 NO. PENNSULA DRIVE DAYTONA BEACH FL B Street Address (P.O. Took Numbor is Not Acceptable) B Street Address (P.O. Took Numbor is Not Acceptable) B Street Address (P.O. Took Numbor is Not Acceptable) B Street Address (P.O. Took Numbor is Not Acceptable) B Street Address (P.O. Took Numbor is Not Acceptable) B Street Address (P.O. Took Numbor is Not Acceptable) B Street Address (P.O. Took Numbor is Not Acceptable) B Street Address Street Addres Street Address Street Address Street Address St			Zip	j	8. This corporation has liability for i	intangible tax under s 199.032,
WEST, THOMAS L., ESO.		9. Name and Address of Curr	ent Registered Agent	81 Name		
Manufact with, and accept the obligations of. Section 607 0000, Prode Studied Dy the Colspan="2">Section 600 0000, Prode Studied Dy the Colspan="2">Sectin 600 0000, Prode Studied Dy the Colspan="2", Prode Studied Dy th	432 N	10. PENINSULA DRIVE		63	dress (P.O. Box Number is Not Acceptab	
12. OFFICERS AND DIFFECTORS 13. ADDITIONS/GHANGES TO OFFICERS AND DIFECTORS IN 12 ITLE DELETE 1 TITLE Change Addition AVE RUNYON, DAVID T. 13 STREET ADDRESS 13 STREET ADDRESS 14 GTV-ST-2P ITLE ORMOND BEACH FL 14 GTV-ST-2P 14 GTV-ST-2P 14 GTV-ST-2P ITLE STD DELETE 2 STREET ADDRESS 3 NO. YONGE ST 23 STREET ADDRESS STREET ADDRESS 3 NO. YONGE ST 23 STREET ADDRESS Change Addition NITE RUNYON, PEGGY 22 MMA 23 STREET ADDRESS Change Addition STREET ADDRESS 3 NO. YONGE ST 23 STREET ADDRESS Change Addition NITE ORMOND BEACH FL DELETE 11 TITLE Change Addition NITE DELETE 51 TITLE Change Addition SIREET ADDRESS STREET ADDRESS	11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	tuton the obcur preved	ration submits this statement for the pur	
NAME RUNYON, DAVID T. 12 MAKE STREET ADDRESS 3 NO. YONGE ST 13 STREET ADDRESS ORMOND BEACH FL 14 City-S1-2P ITHE STD DELETE RUNYON, PEGSQY 22 MAKE STREET ADDRESS 3 NO. YONGE ST City-S1-2P ORMOND BEACH FL ITHE RUNYON, PEGSQY STREET ADDRESS 3 NO. YONGE ST City-S1-2P ORMOND BEACH FL ITHE DELETE VIE ORMOND BEACH FL ITHE DELETE STREET ADDRESS 3 NO. YONGE ST City-S1-2P ORMOND BEACH FL ITHE DELETE STREET ADDRESS 3 STREET ADDRESS City-S1-2P Change NAME 32 MAKE STREET ADDRESS 32 MAKE STREET ADDRESS 33 STREET ADDRESS City-S1-2P		ith, and accept the obligations of, Se	action 607.0505, Florida Statu	tutes, the above-named corporation's boates.	ard or directors. Thereby accept the appo	
STREEL ADDRESS 3 NO. YONGE ST 13 STREEL ADDRESS CITY-ST-2P ORMOND BEACH FL 14 CITY-ST-2P ITTLE STD DELETE STREEL ADDRESS 3 NO. YONGE ST 23 STREEL ADDRESS CITY-ST-2P ORMOND BEACH FL Change Addition STREEL ADDRESS 3 NO. YONGE ST 23 STREEL ADDRESS CITY-ST-2P ORMOND BEACH FL 24 CITY-ST-2P ITTLE 3 STREET ADDRESS Change Addition STREET ADDRESS 3 NO. YONGE ST 23 STREET ADDRESS CITY-ST-2P ORMOND BEACH FL Change Addition STREET ADDRESS 33 STREET ADDRESS Change Addition STREET ADDRESS 33 STREET ADDRESS Change Addition STREET ADDRESS 33 STREET ADDRESS Change Addition STREET ADDRESS 34 CITY-ST-2P Change Addition STREET ADDRESS STREET ADDRESS Change Addition STREET ADDRESS STREET ADD	familiar wi SIGNATURE 12.	Strature, typed or printed name of registered av OFFICERS A	ent and tilk if at ofcable	itutes, the above-named corpo orized by the corporation's boo fes.	and or directors. Thereby accept the appoint with the appoint of t	Dose of changing its registered offici intment as registered agent. I am
STD DELETE 2 1 TILE DELETE 2 1 TILE MAME RUNYON, PEGGY 23 STREET ADDRESS 23 STREET ADDRESS STREET ADDRESS 3 NO. YONGE ST 23 STREET ADDRESS ORMOND BEACH FL 24 CITY-ST-ZIP VAME 33 STREET ADDRESS STREET ADDRESS 31 STREET ADDRESS STREET ADDRESS 33 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP MAME 1 DELETE 4 STREET ADDRESS 34 CITY-ST-ZIP MAME 2 DELETE STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP HILE DELETE STREET ADDRESS 53 STREET ADDRESS STREET ADDRESS 53 STREET ADDRESS <t< td=""><td>familiar wi SIGNATURE 12.</td><td>Strature, typed or printed name of registered as OFFICERS A</td><td>ent and tilk if at ofcable</td><td>Itutes, the above-named corporation's boardes. INOTE: Registered Agent signature resume 13. 1.1 TITLE</td><td>and or directors. Thereby accept the appoint with the appoint of t</td><td>DATE CERS AND DIRECTORS IN 12</td></t<>	familiar wi SIGNATURE 12.	Strature, typed or printed name of registered as OFFICERS A	ent and tilk if at ofcable	Itutes, the above-named corporation's boardes. INOTE: Registered Agent signature resume 13. 1.1 TITLE	and or directors. Thereby accept the appoint with the appoint of t	DATE CERS AND DIRECTORS IN 12
NAME RUNYON, PEGGY 22 NAME STREET ADDRESS 3 NO. YONGE ST 23 STREET ADDRESS ORMOND BEACH FL 24 CITY-ST-2P ITLE DELETE STREET ADDRESS 3 STREET ADDRESS CITY-ST-2P 34 CITY-ST-2P ITLE DELETE STREET ADDRESS 3 STREET ADDRESS CITY-ST-2P 34 CITY-ST-2P ITLE DELETE ADDRESS 3 STREET ADDRESS CITY-ST-2P 34 CITY-ST-2P ITLE DELETE 4 CITY-ST-2P 34 CITY-ST-2P ITLE DELETE ADDRESS 43 STREET ADDRESS ITT-ST-2P 44 CITY-ST-2P ITLE DELETE STREET ADDRESS 53 STREET ADDRESS ITT-ST-2P 44 CITY-ST-2P ITLE DELETE STREET ADDRESS 53 STREET ADDRESS ITT-ST-2P 54 CITY-ST-2P ITLE DELETE STREET ADDRESS 53 STREET ADDRESS ITT-ST-2P 54 CITY-ST-2P ITLE DELETE STREET ADDRESS 53 STREET ADDRESS ITT-ST-2P 54 CITY-ST-2P ITLE Change Addition STREET ADDRESS <td< td=""><td>familiar wi SIGNATURE 12. TITLE NAME</td><td>Stanture typed or printed name of registered au OFFICERS A PD RUNYON, DAVID T. 3 NO. YONGE ST</td><td>ent and tilk if at ofcable</td><td>Itutes, the above-named corporation's boardes.</td><td>and or directors. Thereby accept the appoint with the appoint of t</td><td>DATE CERS AND DIRECTORS IN 12</td></td<>	familiar wi SIGNATURE 12. TITLE NAME	Stanture typed or printed name of registered au OFFICERS A PD RUNYON, DAVID T. 3 NO. YONGE ST	ent and tilk if at ofcable	Itutes, the above-named corporation's boardes.	and or directors. Thereby accept the appoint with the appoint of t	DATE CERS AND DIRECTORS IN 12
ORMOND BEACH FL 24 CITY-SI-2IP UTLE DELETE SINEET ADDRESS 33 SINEET ADDRESS CITY-SI-2IP 34 CITY-SI-2IP UTLE DELETE MAKE 32 NAME SINEET ADDRESS Change MAKE Addition NTLE DELETE VAME DELETE SINEET ADDRESS Change Addition Addition VAME DELETE SINEET ADDRESS 43 SINEET ADDRESS CITY-SI-2IP 44 CITY-SI-2IP ITLE Change Addition 42 NAME SINEET ADDRESS 51 NITLE Change Addition VAME 52 NAME SINEET ADDRESS 53 SINEET ADDRESS ITTY-SI-2IP 44 CITY-SI-2IP ITLE Change Addition SINEET ADDRESS 53 SINEET ADDRESS ITTY-SI-2IP 63 SINEET ADDRESS ITTY-SI-2IP 64 CITY-SI-2IP ITLE Change Addition AME 63 SINEET ADDRESS ITTY-SI-2IP	familiar wi SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY - ST - ZIP	Standard accept the obligations of Se Standard typed or printed name of registered au OFFICERS A PD RUNYON, DAVID T. 3 NO. YONGE ST ORMOND BEACH FL	Inder Such Change was able socion 607.0505, Florida Statu ent and the trac of sable ND DIRECTORS	INDIE Registered Agent signature reserventions 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP	and or directors. Thereby accept the appoint with the transformation of transformation of the transformation of transformation of the transformation of transformation o	Dose of changing its registered offic intment as registered agent. I am Date CERS AND DIRECTORS IN 12 Ctange Addition
Intel DELETE 3.11/LE Change Addition NAME 32.NAME 32.NAME 32.NAME 33.STREET ADDRESS STREET ADDRESS 34.CitY-ST-ZIP 34.CitY-ST-ZIP Change Addition ITLE DELETE 4.11/LE Change Addition VAME 35.REET ADDRESS 34.CitY-ST-ZIP Change Addition VAME 43.STREET ADDRESS 43.STREET ADDRESS Addition VAME 44.CitY-ST-ZIP 44.CitY-ST-ZIP Change Addition VAME DELETE 5.1.TILE Change Addition VAME DELETE 5.1.TILE Change Addition VAME STREET ADDRESS 5.3.STREET ADDRESS S.3.STREET ADDRESS S.3.STREET ADDRESS STREET ADDRESS S.3.STREET ADDRESS S.3.STREET ADDRESS S.3.STREET ADDRESS S.3.STREET ADDRESS STM-ST-ZIP S.4.CitY-ST-ZIP S.4.CitY-ST-ZIP Change Addition VAME S.3.STREET ADDRESS S.3.STREET ADDRESS S.3.STREET ADDRESS S.3.STREET ADDRESS STM-ST-ZIP S.4.CitY-ST-ZIP S.4.CitY-ST-ZIP S.4.	Familiar wi familiar wi SIGNATURE 12. 11TLE NAME STREELADDRESS CITY-S1-ZIP TITLE NAME	Stantine typed or printed name of registered au OFFICERS A PD RUNYON, DAVID T. 3 NO. YONGE ST ORMOND BEACH FL STD RUNYON, PEGGY	Inder Such Change was able socion 607.0505, Florida Statu ent and the trac of sable ND DIRECTORS	Itutes, the above-named corporation's boarded by the corporation's boarded	and or directors. Thereby accept the appoint with the transformation of transformation of the transformation of transformation of the transformation of transformation o	Dose of changing its registered offic intment as registered agent. I am Date CERS AND DIRECTORS IN 12 Ctange Addition
STHEET ADDRESS 33 STREET ADDRESS DITY - ST-ZIP 34 CITY - ST-ZIP INTLE DELETE STREET ADDRESS 44 CITY - ST-ZIP STREET ADDRESS 43 STREET ADDRESS DITY - ST-ZIP 44 CITY - ST-ZIP INTLE DELETE STREET ADDRESS 44 CITY - ST-ZIP INTLE DELETE STREET ADDRESS 53 STREET ADDRESS STREET ADDRESS 53 STREET ADDRESS DITY - ST-ZIP 54 CITY - ST-ZIP INTLE DELETE 6 STREET ADDRESS 53 STREET ADDRESS STREET ADDRESS 54 CITY - ST-ZIP INTLE DELETE 6 STREET ADDRESS 63 STREET ADDRESS Change Addition STREET ADDRESS 63 STREET ADDRESS Corty - ST-ZIP 64 CI	familiar wi	Signature, typed or printed name of registered ap OFFICERS A PD RUNYON, DAVID T. 3 NO. YONGE ST ORMOND BEACH FL STD RUNYON, PEGGY 3 NO. YONGE ST	Inder Such Change was able socion 607.0505, Florida Statu ent and the trac of sable ND DIRECTORS	INDIE Registered Agorit signature resum 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS	and or directors. Thereby accept the appoint with the transformation of transformation of the transformation of transformation of the transformation of transformation o	Dose of changing its registered offic pose of changing its registered agent. I am Date CERS AND DIRECTORS IN 12 Change Addition
CITY-ST-ZIP 34 CITY-ST-ZIP ITTLE DELETE AMM: DELETE STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP ITTLE DELETE STREET ADDRESS 44 CITY-ST-ZIP ITTLE DELETE STREET ADDRESS 44 CITY-ST-ZIP ITTLE DELETE STREET ADDRESS 52 NAME STREET ADDRESS 53 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP ITTLE DELETE 64 CITY-ST-ZIP 64 CITY-ST-ZIP IAME 63 STREET ADDRESS STREET ADDRESS 63 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP IAME 64 CITY-ST-ZIP IA 1 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)(k), Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true an	familiar wi SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY - S1 - ZIP TITLE STREET ADDRESS CITY - S1 - ZIP TITLE	Signature, typed or printed name of registered ap OFFICERS A PD RUNYON, DAVID T. 3 NO. YONGE ST ORMOND BEACH FL STD RUNYON, PEGGY 3 NO. YONGE ST	Inder Such Diar ge was able ont and the if at of able ND DIRECTORS DELETE DELETE	INDEE Registered Agont signature region 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE	and or directors. Thereby accept the appoint with the transformation of transformation of the transformation of transformation of the transformation of transformation o	PL Dose of changing its registered officient as registered agent. Lam Date CERS AND DIRECTORS IN 12 Change Addition Change Addition
Initial DELETE 4.111LE Change Addition NAME 42 NAME 43 STREET ADDRESS 43 STREET ADDRESS Change Addition STREET ADDRESS 44 CITY-ST-ZIP 44 CITY-ST-ZIP Change Addition INILE DELETE 5 1 TITLE Change Addition VAME DELETE 5 1 TITLE Change Addition STREET ADDRESS STREET ADDRESS STREET ADDRESS Change Addition OUTY-ST-ZIP 54 CITY-ST-ZIP Change Addition INTLE DELETE 6 1 TITLE Change Addition STREET ADDRESS 54 CITY-ST-ZIP Change Addition INTLE DELETE 6 3 STREET ADDRESS Change Addition STREET ADDRESS 63 STREET ADDRESS Change Addition INTLE DELETE 6 3 STREET ADDRESS Change Addition Identified STREET ADDRESS 64 CITY-ST-ZIP Change Addition Identified Identified STREET ADDRESS Change Addition Identified Identified	familiar wi familiar wi SIGNATURE 12. 11TLE NAME SIRCEI ADDRESS CITY-SI-ZIP TITUF NAME SIRCEI ADDRESS CITY-SI-ZIP TITUF NAME NAME	Signature, typed or printed name of registered ap OFFICERS A PD RUNYON, DAVID T. 3 NO. YONGE ST ORMOND BEACH FL STD RUNYON, PEGGY 3 NO. YONGE ST	Inder Such Diar ge was able ont and the if at of able ND DIRECTORS DELETE DELETE	INDTE Registered Agont signature resum 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.1 TITLE 3.2 NAME	and or directors. Thereby accept the appoint with the transformation of transformation of the transformation of transformation of the transformation of transformation o	PL Dose of changing its registered offic infment as registered agent. I am Date CERS AND DIRECTORS IN 12 Change Addition Change Addition
STREET ADDRESS CITY-ST-ZIP CIT	familiar wi familiar wi SIGNATURE 12. 11TLE NAME STREET ADDRESS CITY-S1-ZIP TITUE NAME STREET ADDRESS CITY-S1-ZIP TITUE NAME STHEET ADDRESS	Signature, typed or printed name of registered ap OFFICERS A PD RUNYON, DAVID T. 3 NO. YONGE ST ORMOND BEACH FL STD RUNYON, PEGGY 3 NO. YONGE ST	Inder Such Diar ge was able ont and the if at of able ND DIRECTORS DELETE DELETE	INDTE Registered Agent signature recipro 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	and or directors. Thereby accept the appoint with the transformation of transformation of the transformation of transformation of the transformation of transformation o	PL Dose of changing its registered offic intment as registered agent. I am Date CERS AND DIRECTORS IN 12 Change Addition Change Addition
CITY-ST-ZIP 44 CiTY-ST-ZIP CITY-ST-ZIP DELETE STREET ADDRESS 53 STREET ADDRESS DITY-ST-ZIP 54 CITY-ST-ZIP ITTLE DELETE 61 STREET ADDRESS 53 STREET ADDRESS DITY-ST-ZIP 54 CITY-ST-ZIP ITTLE DELETE 61 STREET ADDRESS 53 STREET ADDRESS DITY-ST-ZIP 54 CITY-ST-ZIP GREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP IAME 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP IA 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)(k). Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this dinual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the samo legal effect	familiar wi familiar wi SIGNATURE 12. 11TLE NAME STREELADDRESS CITY-S1-ZIP TITLE NAME STREELADDRESS CITY-S1-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ap OFFICERS A PD RUNYON, DAVID T. 3 NO. YONGE ST ORMOND BEACH FL STD RUNYON, PEGGY 3 NO. YONGE ST	Inder Such Die Uge was aben Sont and the if at of table IND DIRECTORS DELETE DELETE	INDTE Registered Agent signature receiver 18.01E Registered Agent signature receiver 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE	and or directors. Thereby accept the appoint with the transformation of transformation of the transformation of transformation of the transformation of transformation o	PL pose of changing its registered offic infment as registered agent. I am LATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
IIILE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS STREET ADDRESS DITY-ST-ZIP 5.4 CITY-ST-ZIP STREET ADDRESS STREET ADDRESS Change Addition NAME DELETE 6.1 TITLE Change Addition STREET ADDRESS DELETE 6.1 TITLE Change Addition STREET ADDRESS 6.3 STREET ADDRESS Change Addition STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change Addition I.1. J. Observerse 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Fordad Statutes. I further certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this on the certify that the information indicated on this on the componential annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true ender service this report is true in the Change of Componential annual report is true and accurate and that my Signature shall have the same legal effect as if made under certify that the information indicated on this annus	familiar wi familiar wi SIGNATURE 12. 11TLE NAME STREELADDRESS CITY-S1-ZIP TITLE NAME STREELADDRESS CITY-S1-ZIP TITLE STREET ADDRESS CITY-S1-ZIP TITLE NAME	Signature, typed or printed name of registered ap OFFICERS A PD RUNYON, DAVID T. 3 NO. YONGE ST ORMOND BEACH FL STD RUNYON, PEGGY 3 NO. YONGE ST	Inder Such Die Uge was aben Sont and the if at of table IND DIRECTORS DELETE DELETE	INDIE Registered Agent signature recurs INDIE Registered Agent signature recurs 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME	and or directors. Thereby accept the appoint with the transformation of transformation of the transformation of transformation of the transformation of transformation o	PL pose of changing its registered offic infment as registered agent. I am LATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
STREET ADDRESS 64 CITY-SI-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)(k). Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this dinuel report is true and accurate and that my signature shall have the Same legal effect as if made under certify that the information indicated on the composition of the C	familiar wi familiar wi SIGNATURE 12. 11LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered ap OFFICERS A PD RUNYON, DAVID T. 3 NO. YONGE ST ORMOND BEACH FL STD RUNYON, PEGGY 3 NO. YONGE ST	Inder Such Die Uge was aben Sont and the if at of table IND DIRECTORS DELETE DELETE	INOTE Registered Agent signature recurs INOTE Registered Agent signature recurs 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	and or directors. Thereby accept the appoint with the transformation of transformation of the transformation of transformation of the transformation of transformation o	PL pose of changing its registered offic infment as registered agent. I am LATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS G3 STREET ADDRESS G4 CITY-ST-ZIP G4 CITY-ST-ZIP G4 CITY-ST-ZIP G3 STREET ADDRESS G4 CITY-ST-ZIP G4 CI	familiar wi familiar wi SIGNATURE 12. 11LE NAME SIREELADDRESS CITY-ST-ZIP TITLE NAME STREELADDRESS CITY-ST-ZIP TITLE NAME SIREELADDRESS CITY-ST-ZIP TITLE SIREELADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ap OFFICERS A PD RUNYON, DAVID T. 3 NO. YONGE ST ORMOND BEACH FL STD RUNYON, PEGGY 3 NO. YONGE ST	Inder Such Dien Ger was aben Inder Goz. Social Statu	INDIE Registered Agent signature recurs INDIE Registered Agent signature recurs 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	and or directors. Thereby accept the appoint with the transformation of transformation of the transformation of transformation of the transformation of transformation o	PL pose of changing its registered offic pose of changing its registered agent. I am DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
INTLE DELETE 6.1 TITLE Change Addition IAMF 62 NAME 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 64 CITY-ST	Familiar wi Familiar wi SIGNATURE 12. 11/LE NAME SIREEI ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE SIREET ADDRESS CITY-ST-ZIP TITLE VAME	Signature, typed or printed name of registered ap OFFICERS A PD RUNYON, DAVID T. 3 NO. YONGE ST ORMOND BEACH FL STD RUNYON, PEGGY 3 NO. YONGE ST	Inder Such Dien Ger was aben Inder Goz. Social Statu	INDTE Registered Agent signeture recom- TS. INTE Registered Agent signeture recom- SIREET ADDRESS 2 4 CITY - ST - ZIP 3. 1 TIFLE 3. 2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4. 1 TIFLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TIFLE 5.2 NAME	and or directors. Thereby accept the appoint with the appoint of the second s	PL pose of changing its registered offic pose of changing its registered agent. I am DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
STREET ADDRESS Carter Control	Familiar wi Familiar wi SIGNATURE 12. 11/LE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered ap OFFICERS A PD RUNYON, DAVID T. 3 NO. YONGE ST ORMOND BEACH FL STD RUNYON, PEGGY 3 NO. YONGE ST	Inder Such Die Up was able was able of the first of the	INDTE Registered Agent signeture recom- INDTE Registered Agent signeture recom- 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	and or directors. Thereby accept the appoint with the appoint of the second s	PL pose of changing its registered offic pose of changing its registered agent. I am DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntariky furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 on office or director of the Compation or the receiver or trustee empowered to exercise the receiver or trustee empowered to exercise the receiver of the compared to the receiver of the tension of tension of tension of the tension of tensio	familiar wi familiar wi SIGNATURE 12. 11TLE NAME SIREELADDRESS CITY-ST-ZIP TITLE NAME STREELADDRESS CITY-ST-ZIP TITLE SIREELADDRESS CITY-ST-ZIP TITLE SIREELADDRESS CITY-ST-ZIP TITLE STREELADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ap OFFICERS A PD RUNYON, DAVID T. 3 NO. YONGE ST ORMOND BEACH FL STD RUNYON, PEGGY 3 NO. YONGE ST	Inder Such Under Ge was able was able of and the if at of-able IND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	INDTE Registered Agent signeture recom- TS. INTE 12 NAME INTE 12 NAME INTE 2 NAME 2 NAME 2 NAME 3 STREET ADDRESS 3 4 CITY - ST - ZIP 4. NTIFLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP 5. NTIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	and or directors. Thereby accept the appoint with the appoint of the second s	PL pose of changing its registered offic intment as registered agent. Lam DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
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)(k), 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 on officer or director of the comparison or the receiver or trustee empowered to execute the securate and that my signature shall have the same legal effect as if made under oath; that I am on officer or director of the comparison or trustee empowered to execute the securate and that my cleapter 607. Florida Statutes.	familiar wi SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ap OFFICERS A PD RUNYON, DAVID T. 3 NO. YONGE ST ORMOND BEACH FL STD RUNYON, PEGGY 3 NO. YONGE ST	Inder Such Under Ge was able was able of and the if at of-able IND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	INDTE Registered Agent signeture recom- INDTE Registered Agent signeture recom- 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME	and or directors. Thereby accept the appoint with the appoint of the second s	PL pose of changing its registered offic intment as registered agent. Lam DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
	familiar wi SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP THUE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ap OFFICERS A PD RUNYON, DAVID T. 3 NO. YONGE ST ORMOND BEACH FL STD RUNYON, PEGGY 3 NO. YONGE ST	Inder Such Under Ge was able was able of and the if at of-able IND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	INDTE Registered Agent signeture recipro 13. INDTE Registered Agent signeture recipro 13. I. 1 TIFLE 1. 2 NAME 1. 3 STREET ADDRESS 1.4 CITY - ST - ZIP 2. 1 TIFLE 2. 2 NAME 2. 3 STREET ADDRESS 2. 4 CITY - ST - ZIP 3. 1 TIFLE 3. 2 NAME 3. 3 STREET ADDRESS 3. 4 CITY - ST - ZIP 4. 1 TIFLE 4. 2 NAME 4. 3 STREET ADDRESS 4. 4 CITY - ST - ZIP 5. 1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TIFLE 6.2 NAME 6.3 STREET ADDRESS	and or directors. Thereby accept the appoint with the appoint of the second s	PL pose of changing its registered officient charge charge Charge Change Addition Change Addition Change Addition Change Addition Change Addition
and the second	familiar wi SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP	Signature typed or printed name of registered av OFFICERS A PD RUNYON, DAVID T. 3 NO. YONGE ST ORMOND BEACH FL STD RUNYON, PEGGY 3 NO. YONGE ST ORMOND BEACH FL Vonge ST ORMOND BEACH FL Vonge ST ORMOND BEACH FL	Inder Such Unerge was address	INDTE Registered Agent signeture recom- INDTE Registered Agent signeture recom- 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	and of directors. Thereby accept the appoint addition reinstang) ADDITIONS/CHANGES TO OFFI	PL pose of changing its registered agent. Lam Date Date CERS AND DIRECTORS IN 12 Change Addition Change Addition