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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

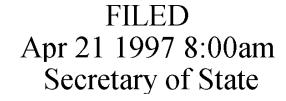
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H24282

(6)

UNLIMITED ACRES, INC.



- 10012)	
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P.O. 80X 277 CHIPLEY FL 3242 US 2. Principal Place 21 Suite, Apt #, 22		US	X 277 ' FL 32428-0277							
2. Principal Plac 21 Suite, Apt #.		US	12 04 120 0411							
Suite, Apt #,	e of Business	30 Malli					3. Date Incorporated or Qualified	3a. Da	te of Last R	eport
21 Suite, Apt #,	ce of Business	Se Mollin	7				10/05/1984	05/	01/1996	
Suite, Apt #,		} ₁	ng Address				4. FEI Number			plied For
	e.*	26 Suite	, Apt. #, etc.		_		59-2452943		\$8.75	Applicable
201	PIG.	27	, Apt. #, etc.				5. Certificate of Status Desired		~	Additional equired
City & State			8. State				6. Election Campaign Financing		\$5.00	
23		28					Trust Fund Contribution		Added	
Zip	Country	Zip		Cour	ntry		8. This corporation has liability for i			199.032,
24	25	29		30				Yes [
	9. Name and Address of Curre	ent Registered	Agent	_	B1	Name	10. Name and Address of New Re	gistered /	\gent	
	BOVEN, TIMOTHY J			Į	B'	Name				
HWY				ſ	82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
CHIPL	LEY FL 32428			<u> </u>	83					
				į		·				····
				[84	City		FL	85 Zip	Code
SIGNATURE s	geatize i typikko o printed harne of regulared a OFFICERS A	igent and title if applic NO DIRECTORS		OTE Registered	Age	ent signature require	ed when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTOR	
TITLE	P	IND DIFFECTOR	DELETE	1.1 [1]	LE	····	ADDITION OF THE COLUMN	ZEI (O 7 (14)	Change	Addition
NAME	PIERCE, FRANK A.			1.2 NA	ME	1				
	HWY 77 S., PO BOX 277			1.3 ST	reet	ADDRESS				
	CHIPLEY FL		·	1.4 CIT		T-ZIP				
II.	ST		☐ DELETE	2.1 T/T		-			Change	Addition
	MONGOVEN, MARSHA P.			2.2 NA						
1	HWY 77 S., POB 277 CHIPLEY FL					ADDRESS				
City - St - ZIP	UNIFUE I FL		DELETE	2.4 CI 3.1 TiT		51-21			Change	Addition
NAME				3.2 NA					<u>-</u>	
STREET ADDRESS				3.3 \$1	REET	ADDRESS				
CITY ST-ZIP				3.4. CI	TY - 5	ST-ZIP				
1011.6			DELETE	4.1 10	LE	-			☐ Change	Addition
NAME				4. 2 N/						
STREEL ADDRESS						ADDRESS				
CITY ST-ZIF			DELETE	5.1'7II	_	ST-ZIP			Change	Addition
NAME			عاداد ت	5.2 NA					Anna Anna Sto	. 10010011
STREET ADORESS						ADDRESS				
CHY-SI-ZIP				5.4 CII]				
BILE			DELETE	6.1 TiT		: -			Change	Addition
NAME				6.2 NA	ME					
STREET ADDRESS				63 \$1	REET	ADDRESS				
CITY-S1-Z₽				6.4 Cr			d in Section 119.07(3)(i), Florida Statute			

information inclicated 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

SIGNATURE:

0064601