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



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Apr 11 1997 8:00am Secretary of State			
DOCUM 1. Corporation NEON, II		H35405	(O) Mailing Address Marshall W. WHITE. III 112 S MAGNOLIA AVENUE OCALA FL 34474-4154 US			3. Date Incorporated or Qualified 3a. Date of Last Report		
Principal Place % MARSHALL \ 112 S MAGNOL OCALA FL 3441 US	w. White. III Lia avenue							
		·			···	12/26/1984	03/08/1996	
_ 2. Principal Pl 21	ace of Bus ness		2e. Mailing Address			4. FEI Number 59-2485487	——————————————————————————————————————	pplied For of Applicable
Suite, Apt :	#, etc.		Suite, Apt. #, etc.		7	5. Certificate of Status Desired	\$8.75	Additional equired
City & State	,		City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Ţ	Country	Zip	Cou	ntry	8. This corporation has liability for	intangible tax under s	
24	o Name and	Address of Current	29 Registered Agent	30		Florida Statutes 10. Name and Address of New Re	Yes No	
WH	TE, MARSHALL				81 Name			
	S MAGNOLIA A				82 Street Add	iress (P.O. Box Number is Not Acceptat	ole)	
OCA	LA FL 32670				83	· · · · · · · · · · · · · · · · · · ·		
	•				84 City		FL 85 Zip	Code
agent Lar	to the provisions o egistered agent, o m familiar with, an	of Sections 607.0502 or both, in the State c ad accept the obligat	and 607.1508, Florida Stat of Florida. Such change was ions of, Section 607.0505, I	tutes, the a s authorize Florida Stal	bove-named cor d by the corpora lutes.	poration submits this statement for the patients board of directors. I hereby acceptions	ourpose of changing of the appointment as	its registered registered
SIGNATURE	Signature hyperolor print	ed nace of registered agent		OTE Registere	d Agent signature requ		DATE	
12.	PD	OFFICERS AND	DIRECTORS DELETE	13.	TIE 7	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR Change	RS IN 12
NAME]	WHITE, MARS	SHALL W., III		1.2 N	(Comingo	
STREET ADDRESS	3221 SE 45 S				TREET ADDRESS			
CITY - ST - ZIF	OCALA FL				TY-ST-ZIP			
THLE	std Del toro, r	ORERTA C	DELETE	211	ŀ		L) Change	Addition
NAME STREET ADDRESS	2115 SE 6 TE			2.2 N	REET ADDRESS	•		
CHY-SI-ZIP	OCALA FL			- 1	ITY-ST-ZIP			
101.6	VPD		☐ DELETE	3.1 Ti	TL€		☐ Change	Addition
NAME		MES EDWARD		3.2 N	1			ļ
STREET ADDRESS	16094 SW 44 OCALA FL	01			FREET ADDRESS		•	
CITY - S1 - ZIF	OOVEY LE		DELETE	3 4. C	ITY-ST-ZIP TLE		Change	Addition
NAMI				4.21	· .		-	}
STREET ADORESS				4.3 S	REET ADDRESS			
CHY-ST-ZIP			T because		TY-ST-ZIP			6 a a a a a a
TATLE			DELETÉ	5.1 TI	i		Change	Addition
NAME STREET ADDRESS				52 N 5.3 S	rmit Treet address			}
CHY-SI-Ziệ					TY-ST-ZIP			
TITLE			DELETE	61 TI	TLE		Change	Addition
NAME				6.2 N				ţ
STREET ADDRESS					TREET ADDRESS			Į
14. I do heret	by certify that the	information supplied	with this filing does not au	alify for the	exemption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify tha	t the
informatio Lani an of	ri indicálad on thi fficer or director o	s annual report or su If the corporation or t	ipplemental annual report is the receiver or trustee empi on an attachment with an a	s true and a owered to a	accurate and that execute us repo	at my signature shall have the same legs ort as required by Chapter 607, Florida (al effect as if made ur Statutes; and that my	nder oath; that name

SIGNATURE:

Daylime Phone #

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