FULE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

	MENT # H379	73 (5)				
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incipa Place	of Pusivors	Mailing Address				
500 NE 8TH OCALA FL 3	AVE	500 NE 8TH AVE OCALA FL 34470				
US		US		3. Date Incorporated or Qualified 01/15/1985	3a, Date of La 03/02	st Report /1995
Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 59-2483473	-	Applied For Not Applicable
Suite, Apt. #	⊭, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	.75 Additional
City & State		City & State		Election Campaign Financing Trust Fund Contribution		5.00 May Be
Ζip	Country 25	7 ip	Country 30	8. This corporation has liability for		
	9. Name and Address of Curr		190	10. Name and Address of New R		1
			81 Name			
RUSE, CHARLES, JR. 500 N.E. 8TH AVENUE			82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
	FL 32670		B3		. 1 /4/11	
			84 City		FL 85	Zip Code
. Pursuant to	to the provisions of Sections 607.05	502 and 607.1508, Florida Statuti	es, the above-named corpo	ration submits this statement for the pured of directors. I hereby accept the app	rpose of changing	its registered office tered agent. I am
Cir registore	th, and accept the obligations of, Se	action 607 0506. Florida Statutes				•
familiar wit	in and accept the obligations of, or	ection bor .0303, Horida Statches	š.			
	Signature spied or protect had have of registered as		s. DTE: Registered Agent signature require		DATE	
SNATURE.	Signature i typica or pro tradinari e of registered ac OFFICERS A	gent and title if applicable. (NO AND DIRECTORS	DTE: Registered Agent signature require	od when reinstating? ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	
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SNATURE.	Styren re-typed or perhad nerice of registered at OFFICERS A VP RUSE, CHARLES, JR.	gent and title if applicable. (NO AND DIRECTORS	DTE: Registered Agent signature require 13. 1.1 TITLE 12 NAME		ICERS AND DIRE	
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