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

**PROFIT** CORPORATION **ANNUAL REPORT** 1997 **DOCUMENT # H40038** 

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(2)

## **FILED** Apr 02 1997 8:00am Secretary of State

Trinoipal Place of Business  Mailing Address  Malling Address  Malling Address  Malling Address  LARGO FL 34641  US				····		
		••			3. Date Incorporated or Qualified 01/25/1985	3a. Date of Last Report 03/20/1996
2. Principal	Place of Business	2a. Mailing Address 26			4. FEI Number 59-2480382	Applied For Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #. etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ile	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
zip 24 337		Zip 29	Countr	у	8. This corporation has liability for in	ntangible tax under s. 199.032, Yes 🔀 No
101	9. Name and Address of Curre	nt Registered Agent	 81	Name	10. Name and Address of New Re	gistered Agent
JONES, MEL 8325 ULMERTON RD. LARGO FL 34841			83	Street Add	ddress (P.O. Box Number is Not Acceptable)	
		`	84	City		FL 85 3377/
11. Pursuant office or agent. I					poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered of the appointment as registered
· · · ·	Signature, typed or printed name of registered as		Hegistered Ag	jont signature requi	red when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE SERVICE AND DIRECTORS IN 19
12. TITLE	VP	ID DIRECTORS DELETE	1.1 1814		AUDITIONS/CHANGES TO OFFIC	Change Addition
NAME	SIZEMORE, GARY D.	1.2 N				
STREET ADDRESS	9230 FAIRWEATHER DR		1.3 STREE	1 ADDRESS		j
CITY-ST-ZIP	LARGO FL		1.4 CITY-	J		
TITLE	PS	DELETE	2.1 1111.E			Change Addition
NAME	JONES, MEL		2.2 NAME	İ		
STREET ADDRESS	307 LAHACIENDA DR.	4635	2.3 STREE	I ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BCH FL 3		2. 4 CITY-	S1-ZIP		
TITLÉ	CICCON DEDECOA A	☐ DETE1E	31 11114	ļ		Change Addition
NAME	SISSON, REBECCA A. 12954 SARAH LANE		3.2 NAME			
STREET ADDRESS	LARGO FL			1 ADDRESS		
CITY-ST-ZIP TITLE	WHITE I	DELETE	3.4. CITY- 4.1 TITLE	31-7P		Change Addition
NAME			4.2 NAME			, El Cisago El Maditoli
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP	}		4.4 CITY-			
TITLE			5 1 TITLE	·····		☐ Change ☐ Addition
NAME	52		5 2 NAME			
STREET ADDRESS			5.3 STREE	1 ADDRESS		
CITY-ST-ZIP			5.4 CITY -	\$1-7IP		
TITLE	DELÉTE 6.11		6.1 TITLE			Change Addition
NAME			6.2 NAME	j		
STREET ADDRESS			1	1 ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CITY - 3	\$1-ZIP		

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 logal effect as if made under eath; 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.