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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	H60010	(6)	
CENTRAL FLORIDA (TY, INC.	COMMUNICATIONS OF	HIGHLANDS COUN	
Principa Place of Business	Mailing	Adoress	
-1107 WEIGHE AVENUE	102	FIGT WERE	



Principa Place of								
	f Business	Mailing Adoress						
- 1107 WEIGHE A		CERTING EL 22020						
SEBRING FL 33	767U	SEBRING FL 33870	•		0 Parties and a 0 attack	3a. Date o	of Leat Oc	
					3. Date Incorporated or Qualified 06/03/1985		19/199	:
2. Principal Place	e of Business	2a, Mailing Address			4. FEI Number			Applied For
	3. Commerce AVE	26 642 5.1	Comme	rce HU	€ 59-2545048			Vot Applicable
Suite Apt. #,		Suite, Apt. #. etc.			5. Certificate of Status Desired		•	Additional
2		27						Required
City & State	TAC. FI	City & State 28 SEBRY	ala-	E1.	Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country .	Zp	Coun	in	8. This corporation has liability for	intangible tax		
4 73820	25 HIGHEANDS		30 H 7	GHLANI	Florida Statutes 🗖 Yes	: □No		
13/2020	9. Name and Address of Current				10. Name and Address of New I	Registered A	gent	
			•	31 Name				
NEAL, RO			1	32 Street Add	fress (P.O. Box Number is Not Accepta	ole)		
1021 WEK			 	12				
SEBRING	FL 33870		1	33				
			1	34 City		FL	85 Zı	p Code
	N	ad COZ 1500 Florido Ph	abutan tha abou	o paged carry	oration submits this statement for the pu ard of directors. I hereby accept the app	roose of char	dino its r	enistered office
SIGNATURE SI	g alize by on aspirite frame of representations a OFFICERS AND		фия в выдоления 13. 1 1 1 11		e Lwher excitategi ADDITIONS/CHANGES TO OFI		DIRECTO	PRS IN 12
THE	ru							
NAME	, -	<u> </u>				L	1 0 10 19	
4	NEAL, ROBERT D.	\\	1.2 NAF	AE .		L _	, 0 12190	
STREET ADDRESS	NEAL, ROBERT D. 1021 WEIGLE AVE.	`\	1.2 NAF 1.3 STr				, c lange	
STREET ADDRESS CITY-ST-ZIP	NEAL, ROBERT D.	DELETE	1.2 NAF 1.3 STr	ME BEET ADDRESS Y - ST - ZIP] Changé	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NEAL, ROBERT D. 1021 WEIGLE AVE. SEBRING FL	N.	1.2 NAF 1.3 SFr 1.4 G/I	ME BEET ADDRESS Y - ST - ZIP LE				
STREET ALDERESS CITY-ST-ZIP TITLE NAME	NEAL, ROBERT D. 1021 WEIGLE AVE. SEBRING FL STD NEAL, SHIRLEY V. 1021 WEIGLE AVE.	N.	1.2 NAF 1.3 Sfr 1.4 G(1 2.1 T(1 2.2 NAF	ME BEET ADDRESS Y - ST - ZIP LE				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NEAL, ROBERT D. 1021 WEIGLE AVE. SEBRING FL STD NEAL, SHIRLEY V. 1021 WEIGLE AVE. SEBRING FL	DELETE	1.2 NAI 1.3 SEP 1.4 C(I 2.1 T() 2.2 NAI 2.3 SEP 2.4 C(I	ME MEET ADDRESS Y-ST-ZIP LE ME ME MEY ADDRESS Y-ST-ZIP] Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	NEAL, ROBERT D. 1021 WEIGLE AVE. SEBRING FL STD NEAL, SHIRLEY V. 1021 WEIGLE AVE. SEBRING FL VPD	N.	1 2 NAM 1.3 STP 1.4 CIT 2.1 TH 2.2 NAM 2.3 STP 2.4 CIT 3.1 TH	ME EET ADDRESS Y-ST-ZIP LE ME HEF ADDRESS Y-ST-ZIP LE	p			
STREET ANDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NEAL, ROBERT D. 1021 WEIGLE AVE. SEBRING FL STD NEAL, SHIRLEY V. 1021 WEIGLE AVE. SEBRING FL VPD NEAL, DOUGLAS J.	DELETE	1 2 NAM 1.3 SFF 1 4 Crt 2 1 TH 2 2 NAM 2 3 SFF 2 4 Crt 3 1 TH 3 2 NAM	AF EET ADDRESS Y-ST-ZIP LF ACE EET ADDRESS Y-ST-ZIP LE ME	p] Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NEAL, ROBERT D. 1021 WEIGLE AVE. SEBRING FL STD NEAL, SHIRLEY V. 1021 WEIGLE AVE. SEBRING FL VPD NEAL, DOUGLAS J. 4047/145TH ST N.E.	DELETE	1 2 NAP 1.3 SIF 1 4 Cit 2 1 Tit 2 2 NAP 2 3 SIF 2 4 Cit 3 1 Tit 3 2 NAI 3 3 SI	AE EELADDRESS Y-SL-ZIP LE AC LEL'ADDRESS Y-SL-ZIP LE ME REFLADDRESS	D] Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	NEAL, ROBERT D. 1021 WEIGLE AVE. SEBRING FL STD NEAL, SHIRLEY V. 1021 WEIGLE AVE. SEBRING FL VPD NEAL, DOUGLAS J. 4047/145TH ST N.E. BELLEVUE WA D NEAL, ANTHONY E. 8307 WEST SAMPLE ROAD, # CORAL SPRINGS FL D NEAL, VICTORIA B. 1021 WEIGLE AVE.	DELETE DELETE DELETE	1.3 SIF 1.4 Cit 2.1 Tit 2.2 NAI 2.3 SIF 2.4 Cit 3.1 Tit 3.2 NAI 3.3 SIF 3.4 Cit 4.1 Tit 4.2 NAI 4.3 SIF 4.4 Cit 5.2 NAI 5.2 SIF 5.4 Cit 6.1 Tit 6.2 NAI 6.3 SIF 6.2 SIF 6.2 SIF 6.2 SIF 6.3 SIF 6.3 SIF 6.3 SIF 6.3 SIF 6.4 Cit 6.4 Cit 6.5 SIF 6.5	AF BELLADDRESS Y-SI-ZIP AGE BELLADDRESS Y-SI-ZIP LE ME REFLADDRESS Y-SI-ZIP LE ME BELLADDRESS Y-SI-ZIP LE ME BELLADDRESS Y-SI-ZIP LE ME ME ME ME ME ME ME ME ME	P VEAL, ANTHONY E, 3760 N.W.ISTROY A COTAL SPRINGS, FL	PT #10 33065 QUE #1	Change Change Change Change	Addition Addition Addition

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 an officer or director of the corporation or the receiver or trustee employeered 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.

IGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING DEFICER OF DIRECTOR

SIGNATURE: