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

PROFIT CORPORATION ANNUAL REPORT

1997



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H74791

(5)

FILED Feb 11 1997 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Principal Plac 3220 NEW TAM LAKELAND FL S	PA HIGHWAY	Mailing Address 3220 NEW TAMPA HIGHWAY LAKELAND FL 33815-3357	,		
				3. Date Incorporated or Qualified 09/09/1985	3a. Date of Last Report 02/28/1996
	lace of Business	2a. Mailing Address	197944794	4. FEI Number	Applied For
21 Suite, Apt.	# otc	Suite, Apt. #, etc.		59-2575892	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28	Country	Trust Fund Contribution	Added to Fees
Zip 24	25	Zip [Courning	8. This corporation has liability for i	ntangible tax under s. 199.032,] Yes No
	9. Name and Address of Curre		1	10. Name and Address of New Re	
FUT(CH, CARSON A.		81 Name		
3880 SWINDELL RD.			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
PLAN	NT CITY FL 33565				
			83		
			84 City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Sta	002 and 607.1508, Florida Statutes te of Florida, Such change was au	s, the above-named corruthorized by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	
·	im familiar with, and accept the obli	gations of, Section 607.0505, Flor	ida Statutes.		
SIGNATURE	Stgnature: typed or printed name of registered a	gent and little if applicable (NOTE	Registered Agent signature requi	red when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD CARDON A	DELETE	. 1.1 TITLE		Change Addition
NAME	FUTCH, CARSON A. 3680 SWINDELL RD.		1.2 NAME		
STREET ADDRESS	PLANT CITY FL		13 STREET ADDRESS		
CITY - ST - ZIP	STD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	EDWARDS, DAVID L.	L.J SICCIC	2.2 NAME		C outside C working
STREET ADDRESS	2609 NEVADA RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	• •	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STHEFT ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3 4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		La Decere	5.2 NAME		- Swedige - Notified
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			62 NAME		-
STREET ADDRESS			6.3 STREET ADDRESS		
City, St., 7/P	(64 CITY - ST - 7IP		

14. 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 legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes 0 on an attactment with an address.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NA