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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

589 SE US 19 CRYSTAL RIVER FL 34429

U\$



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H78049

(4)

CRYSTAL RIVER FL 34423-2497

Mailing Address 589 SE US 19

2a. Mailing Address

PO BOX 2497

R. D. DILLON AND COMPANY, INC.

| FILED |     |        |          |  |  |  |
|-------|-----|--------|----------|--|--|--|
| Feb   | 14  | 1997   | 8:00am   |  |  |  |
| Se    | cre | tary c | of State |  |  |  |

|    | Date Incorporated or Qualified 09/27/1985 | 3a. Date of L<br>03/27/19 | ast Report                  |  |
|----|---|---------------------------|-----------------------------|--|
| 4. | FEI Number 59-2582988                     |                           | Applied For<br>Not Applicab |  |

| 21                     |  | 26                               |                     |   | 59-2582988  | Not                        | : Applicable     |  |
|------------------------|--|----------------------------------|---------------------|---|---|----------------------------|------------------|--|
| Suite, Apt.            | #, etc   | Suite, Apt. #, etc.              |                     |   | 5. Certificate of Status Desired                        | \$8.75 A<br>Fee Rec        |                  |  |
| City & State           | )  | City & State                     |                     |   | Election Campaign Financing     Trust Fund Contribution | \$5.00 t                   |                  |  |
| Zıp                    | Country  | Zip 29                           | Country<br>30       |   | 8. This corporation has liability for in                |                            |                  |  |
| 24                     | 25 25 Name and Address of Curre                  |                                  | [30]                |   | 10. Name and Address of New Reg                         |                            |                  |  |
| OII (                  |  | ur uedistolen want               | 81                  | Name  | IV. Hame and Rudibas of from hog                        | Biolog ngoit               |                  |  |
|                        | ON RONALD D                                      |                                  | ٠.                  | Trains  |   |                            |                  |  |
|                        | SE US 19   |                                  | 82                  | 82 Street Address (P.O. Box Number is Not Acceptable) |   |                            |                  |  |
| CRYSTAL RIVER FL 34429 |  |                                  |                     |   |   |                            |                  |  |
| · ·                    |  |                                  | 83                  |   |   |                            |                  |  |
| •                      |  |                                  | 84                  | City  | <u></u>   | FL 85 Zip C                | ode              |  |
| 44 Purcuant            | to the provisions of Sections 607.06             | 2 and 607 1509. Florida Stat     | utes the above      | a-named corno   | pration submits this statement for the pu               |                            | registered       |  |
| office or re           | egistered agent, or both, in the State           | e of Florida. Such change was    | s authorized by     | the corporation                                       | on's board of directors. I hereby accept                | the appointment as i       | egistered        |  |
| agent La               | m familiar with, and accept the oblig            | ations of, Section 607.0505, F   | Florida Statute     | S.  |   |                            | _                |  |
| SIGNATURE              |  |                                  |                     |   |   |                            |                  |  |
|                        | Stgnature, typed or phated name of registered ag |                                  | OTE: Registered Age | ent signature require                                 |   | DATE                       |                  |  |
| 12.                    | VID OFFICERS AF                                  | ID DIRECTORS  DELETE             | 13.                 | <del></del>   | ADDITIONS/CHANGES TO OFFICE                             | Change                     | Addition         |  |
| TITLE                  | DILLON, SARAH C.                                 | Detter                           |                     |   |   | L Change                   | L. rodinon       |  |
| NAME                   | 3428 PONY DRIVE                                  |                                  | 1.2 NAME            |   |   |                            |                  |  |
| STREET ADDRESS         |  |                                  | 1.3 STREET          | 1   |   |                            | 1                |  |
| CITY-ST-ZIP            | BEVERLY HILLS FL                                 | Devete                           | 1.4 CiTY - S        | T-ZIP   |   | Channe                     | Addition         |  |
| THILE                  | PSD<br>DILLON, RONALD D                          | ☐ DELETE                         | 2.1 TATLE           |   |   | Change                     | LI AUGIIION      |  |
| NAME                   |  | VTO.                             | 2.2 NAME            |   |   |                            |                  |  |
| STREET ADDRESS         | 3428 PONY DRIVE<br>BEVERLY HILLS FL              | 1, 1, 0                          | 2.3 STREET          |   |   |                            |                  |  |
| C(TY - ST - ZIP        | DEVENUT MILLS FL                                 | DELETE                           | 2. 4 CITY-          | ST-ZIP  |   | Channa                     | Addition         |  |
| TITLE                  |  | ☐ DELETE                         | 3.1 TITLE           |   |   | Change                     | L.J Addition     |  |
| NAME                   |  |                                  | 3.2 NAME            |   |   |                            |                  |  |
| STREET ADDRESS         |  |                                  | 3.3 STREET          |   |   |                            |                  |  |
| CITY-ST-ZIP            |  | T priese                         | 3.4. CITY-          | ST-21P  |   | Charry                     | Addition         |  |
| FITLE                  |  | ☐ DELETE                         | 4.1 TITLE           | 1   |   | Change                     | Addition         |  |
| NAME                   |  |                                  | 4.2 NAME            |   |   |                            |                  |  |
| STREET ADDRESS         |  |                                  | 4.3 STREET          | i i   |   |                            |                  |  |
| CITY-S1-ZIP            |  | I Britis                         | 4.4 CiTY-5          | ST-ZIP  |   | [ ] At                     |                  |  |
| TITLE                  |  | ☐ DELETE                         | 51 TITLE            | ļ   |   | Change                     | ☐ Addition       |  |
| NAME                   |  |                                  | 52 NAME             |   |   |                            |                  |  |
| STREET ADDRESS         |  |                                  | 5.3 STREET          | ADDRESS   |   |                            |                  |  |
| CITY-ST-ZIP            |  |                                  | 5.4 CITY-8          | ST-ZIP  |   |                            | - <del>1-1</del> |  |
| TITLE                  |  | DELETE                           | 6.1 TITLE           |   |   | Change                     | Addition         |  |
| NAME                   |  |                                  | 6.2 NAME            | -   |   |                            | ļ                |  |
| STREET ADDRESS         |  |                                  | 6.3 STREET          | ADDRESS   |   |                            |                  |  |
| CITY-ST-7/P            |  |                                  | 6.4 CITY - 9        |   |   |                            |                  |  |
| 14. I do hereb         | by certify that the information supplie          | ad with this filing does not qua | alify for the exe   | emption stated  | in Section 119.07(3)(i), Florida Statutes.              | . I further certify that I | he               |  |

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 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.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECT

BUATO D. DILLOW

/-31-97

7955866