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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** H87890 (0)

CONNELL UNIT 9, INC.

APPROVED AND FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA



Principal Place of Business	Mailing Address	·- ·		9011 870H 878H 910H 910H 910H 874H 84F
% CHARLES A.BLACK 1815 SE HWY 19 PO BOX 2020 CRYSTAL RIVER FL 34423 CRYSTAL RIVER FL 34423				
US	U\$	12 07120	3. Date Incorporated or Qualified	3a. Date of Last Report 01/18/1995
2. Principal Place of Business	2a. Mailing Address	<del></del>	12/03/1985 4. FEI Number	O I/ IO/ 1883 Applied For
21 1130 N. CRESCE		GRESCENT DR	59-2612060	Not Applicable
Suite, Apl. #, etc.	Suite, Apt. #, etc 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 CRYSTAL RIVER, F.		RIVER, FLA.	Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip Country	Zip	Coulitry 30	8. This corporation has liability for in	
and the first of the first of the common of the first of	SA 29 34729 s of Current Registered Agent	30 D A	Florida Statutes	<del></del>
g, Haille and Address	a of Carrette registered Agent	81 Name	_	Sistered Affects
BLACK, CHARLES A.			LACK CHARLES  tress (P.O. Box Number is Not Acceptable	3 .
1815 SE HWY 19 PO BOX 2	<del>199</del> 0		iress (P.O. Bex Number is Not Acceptable No. CRBSCBNT D.C.	
CRYSTAL RIVER FL 34423	OEO	83	141 ARBOVERS	
OHIOTAL HIVEHITE 04425		84 64		10-1 7- O-4-
		84 City CRYS	TAL RIVER .	FL 85 Zip Code 2.9
11. Pursuant to the provisions of Section	ns 607.0502 and 607.1508, Florida S	tatutes, the above named corpo	pration submits this statement for the purp	ose of changing its registered office
or registered agent, or both, in the S familiar with, and accept the obligation	State of Florida. Such change was aut ons of: Section 607.0505, Florida Sta	horized by the corporation's boa tutes.	ard of directors. I hereby accept the appoin	ntment as registered agent. Fam
SIGNATURE Clurcus OF	Calle			1/19/91
				J 1 II II - I I I - I I I - I - I - I - I
Styrumus, types or pentish name of	registered agent a stittle if apple, able-	(NOTE: Registered Agent signature require	od when reinstahig)	DATE
Signature, typest or pentest natural of	FICERS AND DIRECTORS	(NOTE: Registered Agent signature require 13.	od when reinstaling) ADDITIONS/CHANGES TO OFFIC	
Signature, typest or pentest natural of				ERS AND DIRECTORS IN 12  Change Addition
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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:



/19/96 (904) 795-3992