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

PROFIT CORPORATION ANNUAL REPORT (

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H91068

(7)

Principal Place		Mailing Address 834 N. MAGNOLIA AVE.	· 			
OCALA FL 32670 OCALA FL 34475-8874						
^		υο			3. Date Incorporated or Qualified 01/01/1986	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address	:		4. FEI Number 59-2872048	Applied For Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	6	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Count 30	ry		☐ Yes ☐ No
4,14,1	g. Name and Address of Currer	nt Registered Agent		1 Name	10. Name and Address of New Ro	egistered Agent
YANDLE,LANAS C. 834 NORTH MAGNOLIA AVE. OCALA FL 32870			8	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83		
			8			FL 85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida State of Florida. Such change was ations of, Section 607.0505, F	utes, the abo s authorized Florida Statut	ive-named cor by the corpora es.	poration submits this statement for the ition's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered age	on and title if applicable (NO D DIRECTORS	O1E: Registered A	gent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 7(1)		ADDITIONS/CITATORS TO STYT	Change Addition
NAME	YANDLE, LANAS C.		1.2 NAM	E		
STREET ADDRESS	834 NORTH MAGNOLIA AVE.		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	OCALA FL	DELETE	1.4 CITY			Change Addition
TITLE NAME			2.1 TITLE 2.2 NAM			Change C Addition
STREET ADDRESS				ET ADDRESS	•	
CITY-ST-ZIP				-ST-ZIP		,
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAM	E		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	DELETE		- ST - ZIP		Change Addition
TITLE		U VELETE	4.1 TITLE			Change C Addition
NAME STREET ADDRESS			4.2 NAM	ET ADDRESS		
CITY-ST-ZIP			4.4 DITY	1		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAM	ĭ		_ , _
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				- ST - 7IP		
TITLE		☐ DELETE	6 1 TITLI		•	Change Addition
HAME			6.2 NAM	E		
STREET ADDRESS			6.3 \$TRE	ET ADDRESS		

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14. I do hereby certify that the Information supplied with this filing does not quality 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 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.