| ANNUAL   | PRATION REPORT   |            | Sandra<br>Secreta                               | RTMENT OF STATE  B. Mortham  ary of State  CORPORATIONS   |   |                             |  |  |
|--|--|------------|---|---|---|-----------------------------|--|--|
| OCUMENT # H9401  |  | 18         | 8 (9)   |   |   |                             |  |  |
| . Corporation Nai  |  | . INC.     | ` '   |   |   |                             |  |  |
| THINGING   |  | ,          |   |   |   |                             |  |  |
| rincipal Place of E  | Business   | M.         | Lling Andress                                   |   |   | 881 1 <del>8</del> 11 81811 | TIBU BIBU BIBU                               | #1 <b>5</b> 11 <b>318</b> 11 1 <b>9</b> 61   |
| 2548 ALTON RI<br>DELTONA FL 3  |  |            | 2548 ALTON RD.<br>DELTONA FL 32738              |   |   |                             |  |  |
| US   |  |            | US  |   | 3. Date Incorporated or Qualified 10/15/1985            | <b>3a.</b> Da               | te of Last Rep<br>05/01/19                   |  |
| Principal Place  | of Business  |            | Mailing Address                                 |   | 4, FEI Number<br>59-2648339                             |                             |  | oplied For<br>of Applicable                  |
| ite, Apt. #, el  | tc   | 26         | Suite, Apr. #, etc.                             |   | 5. Certificate of Status Desired                        |                             | \$8.75                                       | Additional equired                           |
| ity & State  |  | 27         | Oity & State                                    |   | Election Campaign Financing     Trust Fund Contribution |                             |  | May Be<br>to Fees                            |
| Zip  | Country 25   | 29         | Zip   | Country<br>30   |   | i ∐ No                      |  | 99.032,                                      |
|  | Name and Address of Curre  |            | tered Agent                                     | 81 Name   | 10. Name and Address of New I                           | Registered                  | d Agent                                      |  |
| or roa stored  | ariant, or both, in the State of He  | nuda Sud   | 7.1508, Florida Statut                          | es, the above named corpo   | oration submits this statement for the pu               | roose of c                  | hangino its re                               | gistered office                              |
| familiar with.   | and accept the obligations of, Sc  | ection 607 | .0505, Florida Statute                          | ea by the contaliation 5 duc  | ard of directors. Thereby accept the app                | oontment a                  | as registered :                              | agent. I am                                  |
| RIGNATURE  | and accept the obligations of, Se<br>are specific rite frame it my time to                 | eta discr  | usus, Florida Statute:                          | ed by the corporation's books.<br>The FoundamilAppensymptor in the  | environistica   | DATE                        |  |  |
| SIGNATURE  | and accept the obligations of, So<br>Set 20 Tight 102 in the four 200 to 200<br>OFFICERS A | eta discr  | usus, Florida Statute:                          | s.  | any of threatons. Thereby accept the bys                | DATE                        |  |  |
| SIGNATURE  | oFFICERS A  DP  TALLMAN, ROLLIE J.   | eta discr  | ,0505, Florida Statute<br>अस्त्री क<br>CTORS    | earby the computation's out<br>s.<br>The fractional Agrange of charm<br>13.   | environistica   | DATE                        | ND DIRECTOR                                  | 3S IN 12                                     |
| SIGNATURE  | OFFICERS A  TALLMAN, ROLLIE J.  2548 ALTON ROAD  | eta discr  | ,0505, Florida Statute<br>अस्त्री क<br>CTORS    | Table 12 SAME  13 STREET ADDRESS  | environistica   | DATE                        | ND DIRECTOR                                  | 3S IN 12                                     |
| SIGNATURE  Skyr  2.  ITLE  JAME  JULY ST-ZIP   | oFFICERS A  DP  TALLMAN, ROLLIE J.   | eta discr  | USUS, Florida Statute<br>#\$i a                 | ### Ty The Componential Strategy in Figure 13.  13.  13.  13.  13. THE   12. NAME   13. SINEEL ADDRESS   14.CIT   ST-Z.P.   | environistica   | DATE                        | ND DIRECTOR                                  | RS IN 12                                     |
| SIGNATURE Skyr  12.  ITLE  IAME SIREET ADDRESS  OITY-SI-ZIP  | OFFICERS A  TALLMAN, ROLLIE J.  2548 ALTON ROAD  | eta discr  | ,0505, Florida Statute<br>अस्त्री क<br>CTORS    | Table 12 SAME  13 STREET ADDRESS  | environistica   | DATE                        | NO DIRECTOR  Charge                          | RS IN 12                                     |
| SIGNATURE  Skyr  12.  ITLE  IAME  SIREET ADDRESS  CITY - ST - ZIP  IITLE  IAME   | OFFICERS A  TALLMAN, ROLLIE J.  2548 ALTON ROAD  | eta discr  | USUS, Florida Statute<br>#\$i a                 | 13.   | environistica   | DATE                        | NO DIRECTOR  Charge                          | RS IN 12                                     |
| SIGNATURE SAJE  12.  ITLE  JAME  SITE ADDRESS  SITY-ST-ZIP  JAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS   | OFFICERS A  TALLMAN, ROLLIE J.  2548 ALTON ROAD  | eta discr  | USUS, Florida Statities  STORS  DELETE          | 13.   | environistica   | DATE                        | NO DIFE CTOF  Change  Change                 | RS IN 12                                     |
| SIGNATURE  Ship  TLE  NAME  STREET ADDRESS  DITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  | OFFICERS A  TALLMAN, ROLLIE J.  2548 ALTON ROAD  | eta discr  | USUS, Florida Statute<br>#\$i a                 | 13. 1 1 THE 1 2 NAME 1 3 SINEEL ADDRESS 1 4 CIT ST ZP 2 1 THE 2 2 NAME 2 3 STREEL ADDRESS 2 4 CITY ST ZP 3 1 THE  | environistica   | DATE                        | NO DIRECTOR  Charge                          | RSTN 12 Addition Addition                    |
| SIGNATURE  | OFFICERS A  TALLMAN, ROLLIE J.  2548 ALTON ROAD  | eta discr  | USUS, Florida Statities  STORS  DELETE          | 13.   | environistica   | DATE                        | NO DIFE CTOF  Change  Change                 | RSTN 12 Addition Addition                    |
| SIGNATURE  | OFFICERS A  TALLMAN, ROLLIE J.  2548 ALTON ROAD  | eta discr  | OSOS, FIONDA STATUTE  OFFICE TE  DELETE  DELETE | 13. 1 1 THE 1 2 NAME 1 3 STREET ADDRESS 1 4 C/Tr. ST-ZP 2 1 THE 2 3 STREET ADDRESS 2 4 C/Tr. ST-ZP 3 1 THE 3 2 NAME 3 3 STREET ADDRESS 2 4 C/Tr. ST-ZP  | environistica   | DATE                        | NO DIFE CTOF  Change  Change                 | RSTN 12 Addition Addition                    |
| SIGNATURE  | OFFICERS A  TALLMAN, ROLLIE J.  2548 ALTON ROAD  | eta discr  | USUS, Florida Statities  STORS  DELETE          | 13. 1 1 THE 1 2 NAME 1 3 SIMEET ADDRESS 1 4 CITY ST-ZP 2 1 THE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY ST-ZP 3 1 THE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY ST-ZP 4 1 THE  | environistica   | DATE                        | NO DIFE CTOF  Change  Change                 | RSTN 12 Addition Addition                    |
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| SIGNATUFE  Ship  12.  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  | OFFICERS A  TALLMAN, ROLLIE J.  2548 ALTON ROAD  | eta discr  | OSOS, FIONDA STATUTE  OFFICE TE  DELETE  DELETE | 13.  1 3 THEF 1 2 SAME 1 3 SINEEL ADDRESS 1 4 CITY ST-ZP 2 1 THEF 2 NAME 2 3 STREEL ADDRESS 2 4 CITY ST-ZP 3 1 THEF 3 2 NAME 3 3 STREEL ADDRESS 3 4 CITY ST-ZP 4 1 THEF 4 2 NAME 4 3 STREEL ADDRESS 3 4 CITY ST-ZP 4 1 THEF 4 2 NAME 4 3 STREEL ADDRESS   | environistica   | DATE                        | NO DIFE CTOF  Change  Change                 | RSTN 12 Addition Addition                    |
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| SIGNATURE  Street Address Dity-St-Zip Title NAME STREET ADDRESS CITY-ST-Zip Title NAME NAME NAME NAME NAME   | OFFICERS A  TALLMAN, ROLLIE J.  2548 ALTON ROAD  | eta discr  | OSOS, FIONDA STATUTE  CTORS  DELETE  DELETE     | 13.  1 1 THEF 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY ST-ZIP 2 1 THEF 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3 1 THEE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4 1 THEE 4 2 NAME 4 3 STREET ADDRESS 3 4 CITY-ST-ZIP 5 1 THEE 5 2 NAME 5 3 STREET ADDRESS 5 3 CITY-ST-ZIP 5 1 THEE 5 2 NAME 5 3 STREET ADDRESS 5 3 STREET ADDRESS 5 STREET ADDRESS | ADDITIONS/CHANGES TO OF  SDOOD 18 -06/06/9801           | DATE                        | NO DIFE CTOF  Change  Change  Change         | Addition  Addition  Addition                 |
| SIGNATUFIE  12.  ITITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP | OFFICERS A  TALLMAN, ROLLIE J.  2548 ALTON ROAD  | eta discr  | DELETE  DELETE  DELETE  DELETE                  | 13.  1 1 THEF 1 2 NAME 1 3 SIMEEL ADDRESS 1 4 CITY ST-ZIP 2 1 THEF 2 NAME 2 3 STREEL ADDRESS 2 4 CITY ST-ZIP 3 1 THEF 3 2 NAME 3 3 STREEL ADDRESS 3 4 CITY ST-ZIP 4 1 THEF 4 2 NAME 4 3 STREEL ADDRESS 4 CITY ST-ZIP 5 1 THEF 5 2 NAME 5 3 STREEL ADDRESS 5 4 CITY ST-ZIP 5 1 THEF 5 2 NAME 5 3 STREEL ADDRESS 5 4 CITY ST-ZIP  | ADDITIONS/CHANGES TO OF                                 | DATE                        | NO DIFE CTOF  Change  Change  Change  Change | RS IN 12 Addition Addition Addition Addition |
| SIGNATURE  Street Address Dity-St-Zip Title NAME STREET ADDRESS CITY-ST-Zip Title NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS                            | OFFICERS A  TALLMAN, ROLLIE J.  2548 ALTON ROAD  | eta discr  | OSOS, FIONDA STATUTE  CTORS  DELETE  DELETE     | 13.  1 1 THEF 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY ST-ZIP 2 1 THEF 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3 1 THEE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4 1 THEE 4 2 NAME 4 3 STREET ADDRESS 3 4 CITY-ST-ZIP 5 1 THEE 5 2 NAME 5 3 STREET ADDRESS 5 3 CITY-ST-ZIP 5 1 THEE 5 2 NAME 5 3 STREET ADDRESS 5 3 STREET ADDRESS 5 STREET ADDRESS | ADDITIONS/CHANGES TO OF  SDOOD 18 -06/06/9801           | DATE                        | NO DIFE CTOF  Change  Change  Change         | RS IN 12 Addition Addition Addition          |

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; that I am an office or virector of the compration 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 only nattachment with an aiddress 5/29/76 904 789 0971 SIGNATURE: Nacci Talle | Taloma President

6.4 CHY-ST-ZiP

CITY-ST-ZIP