COF ANNI	PROFIT RPORATION JAL REPORT 1997	ORATION Sandra B. Mortham L REPORT Secretary of State		Apr 23	FILED Apr 23 1997 8:00am Secretary of State		
	MENT # H992 Orge, d.V.M., p.A.	270	(1)				
Principal Place of Business Mailing Address 1430 BRICKYARD ROAD 1430 BRICKYARD ROAD CHIPLEY FL 32428 CHIPLEY FL 32428-5988 US US				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		IRIT BIBIT DIBIT DIDIT CIRIT BIBI	010 00
					3. Date Incorporated or Qualifier 02/14/1986	38. Date of Last R 05/01/1996	eport
2. Principal F	lace of Business	2a. 1 26	vailing Address		4. FEI Number 59-2680268	Ar	plied For ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
22 City & Stat	le	27	Dity & State		6. Election Campaign Financing	\$5.00	equired May Be
23 Zip	Country	28	Zip	Country	Trust Fund Contribution 8. This corporation has liability f	bebbA 🗌	to Fees
24	25	29		30	Florida Statutes	Yes No	. 199.032,
GE	9. Name and Address of C ORGE, KIMBALL G	unen registe	red Agent	61 Name	George, Kinbell G.	registered Agent	
CH 11. Pursuant office or r	UTE 7 IPLEY FL 32428 to the provisions of Sections 60 registered agent, or both, in the	7.0502 and 607 State of Florida	7.1508, Florida Statut Such change was	83 84 City C es, the above-named authorized by the corp	hiple, corporation submits this statement for the	FL A 37	Code L V 2 8 is registered registered
SIGNATURE	Signal in the second terms of the second terms and the second terms of the second terms of the second terms and the second terms are defined to the second terms of	_		E Registered Agent signature			
12.	OFFICER	S AND DIRECT	ORS	13.	ADDITIONS/CHANGES TO OF	DATE	IS IN 12
TELE NAME	pst George, Kimball G.	•	DELETE	1.1 TITLE 1.2 NAME	George, Kimball 6.	🔀 Change	IS IN 12
STREET ADDR:55	410 NORTH 4TH STREET	-		1.3 STREET ADDRESS	620 Yes St		
CitY - ST - ZIP TITLE	CHIPLEY FL		DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Chipley FL 32428 ST	Change	Addition
NAME				2.2 NAME	Janet George 620 44 St	L Change	
STREET ADDRESS				2 3 STREET ADDRESS	Chipley FL 32428		
CATY - ST - 71P THLE			DELETE	2 4 CITY-ST-ZIP 3 1 TITLE		Change	Addition
NAME.				3 2 NAME			
STREET ADDRESS CHTY - ST - ZVP				3 3 STREET ADDRESS 3 4. CITY - ST - ZIP			
₹0.E			DELETE	4.1 TITLE		Change	Addition
NAME STREET AUDRESS				4 2 NAME 4.3 STREET ADDRESS			
CLLA SP-255				4.4 CITY-ST-ZIP			
BITLE			DELETE	5.1 TITLE	497 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101	Change	Addition
				5.2 NAME			
NAME STREET ANDRESS				5.3 STREET ADDRESS 5.4 CITY - ST- ZIP			
NAME STREET AMORESS CITY - ST - 7 P							
STREET ACIDRESS		·	DELETE	6.1 TITLE	······································	Change	Addition
STHEET ACHORESS COTY-ST-72 THUE NAME			DELETE	6.1 TITLE 6.2 NAME		Change	Addition
STREET ADDRESS CITY - ST - Z P THUE NAME STREET ADORESS CITY - ST - 20			<u> </u>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		_ ·	
STREET ADDRESS CITY - ST - Z P THUE NAME STREET ADDRESS CITY - ST - ZIC 14. I do heret informatio	n indicated on this annual repo	rt or supplemer	filing does not qualitation	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP fy for the exemption st rue and accurate and	ated in Section 119.07(3)(i), Florida Statu that my signature shall have the same le aport as required by Chapter 607, Florida	tes. I further certify that	the ter cath: that