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PROFIT CORPORATION ANNUAL REPORT



J12129

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS (9)

DOCUMENT #
1. Corporation Name

Principal Place of Business 200 ORCHID SPRINGS DR WINTER HAVEN FL 33884 US 20 ORCHID SPRINGS DR WINTER HAVEN FL 33884 US 20 ORCHID SPRINGS DR WINTER HAVEN FL 33884 US 20 ORCHID SPRINGS DR WINTER HAVEN FL 33884 US 20 ORCHID SPRINGS DR WINTER HAVEN FL 33884 US 20 ORCHID SPRINGS DR WINTER HAVEN FL 33884 US 20 ORCHID SPRINGS DR WINTER HAVEN FL 33884 US 20 ORCHID SPRINGS DR WINTER HAVEN FL 33884 21 OFFICERS AND DIRECTORS 22 OFFICERS AND DIRECTORS IN 23 Ore Country 24 Ore Country 25 OFFICERS AND DIRECTORS 24 OFFICERS AND DIRECTORS 25 OORCHID SPRINGS DR WINTER HAVEN FL 33884 26 OFFICERS AND DIRECTORS 27 OFFICERS AND DIRECTORS 28 OORCHID SPRINGS DR WINTER HAVEN FL 33884 28 OFFICERS AND DIRECTORS 29 OFFICERS AND DIRECTORS 20 OFFICERS AND DIRECTORS
WINTER HAVEN FL 33884 US 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1986 3a. Date of Last Report 05/01/
2. Principal Place of Business 2. An alling Address 2. Principal Place of Business 2. Each Mailing Address 2. Principal Place of Business 2. Each Mailing Address 2. Each Mailing Address 2. Each Mailing Address 2. Each Mailing Address 3. Date Incorporated or Qualified Us/25/1995 4. FEI Number 159-2779561 5. Certificate of Status Desired Status Desired Status Desired Fee Require City & State 2. Each City & State 2. City & State 2. Country Zip Country 2. Each Country Zip Country 3. Date Incorporated or Qualified Us/45/1995 5. Certificate of Status Desired Status Desired Status Desired Fee Require City & State 5. Certificate of Status Desired Fee Require Status Desired Status Desired Fee Require Status Each Status
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. FEI Number: 59-2779561 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Addi Fee Required Fee Required City & State City & State City & State City & State 3. This corporation has lability for intangible tax under s 199.0 Florida Statutes Yes No 9. Name and Address of Current Registered Agent KNIGHT, DIANE S 200 ORCHID SPRINGS DR WINTER HAVEN FL 33884 81
Suite, Apt. #, etc.
Suite, Apt. #, etc. Suite, Ap
State City & Statutes City & Statutes City & Statutes City & State Ci
City & State City & State 28 Country Zip Country Zip State 29 30 S. This corporation has liability for intangible tax under s 199.0 Florida Statutes
Trust Fund Contribution Added to Five Country Zip Country Added to Five Registered Agent Statutes Zip Country Added to Five Registered Agent Statutes Zip Country Added to Five Registered Agent Statutes Zip Registered Agent Statutes Zip Registered Agent Statutes Zip Registered Agent Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Name
25 29 30 Fiorida Statutes Yes No 9. Name and Address of Current Registered Agent 81 Name KNIGHT, DIANE \$ 200 ORCHID SPRINGS DR WINTER HAVEN FL 33884 82 Street Address (P.O. Box Number is Not Acceptable) 83 Variety Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Top Code 86 City FL 85 Street Address (P.O. Box Number is Not Acceptable) 87 Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Street Address (P.O. Box Number is Not Acceptable) 86 Street Address (P.O. Box Number is Not Acceptable) 87 Street Address (P.O. Box Number is Not Acceptable) 88 Zip Code 89 Street Address (P.O. Box Number is Not Acceptable) 89 Display Street Address (P.O. Box Number is Not Acceptable) 80 Display Street Address (P.O. Box Number is Not Acceptable) 80 Display Street Address (P.O. Box Number is Not Acceptable) 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Display Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 Street Address (P.O. Box Number is Not Acceptable) 88 Zip Code 89 Display Street Address (P.O. Box Number is Not Acceptable) 89 Zip Code 80 Display Street Address (P.O. Box Number is Not Acceptable) 80 Zip Code 80 Display Street Address (P.O. Box Number is Not Acceptable) 81 Display Street Address (P.O. Box Number is Not Acceptable) 81 Display Street Address (P.O. Box Number is Not Acceptable) 82 Display Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 Display Street Address (P.O. Box Number is Not Acceptable) 88 Zip Code 89 Display Street Address (P.O. Box Number is Not Acceptable) 89 Display Street Address (P.O. Box Number is Not Accept
9. Name and Address of Current Registered Agent 81 Name
KNIGHT, DIANE \$ 200 ORCHID SPRINGS DR WINTER HAVEN FL 33884 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 85 To Code 86 City FL 85 To Code 86 City FL 85 To Code 87 City FL 85 To Code 88 City FL 85 To Code 88 City FL 85 To Code 88 City FL 85 To Code 89 To Code 89 To Code 80 To Code 80 To Code 80 To Code 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 To Code 84 City FL 85 To Code 85 To Code 86 To City FL 85 To Code 86 To Code 87 To Code 88 To Code 88 To Code 88 To Code 88 To Code 89 To Code 89 To Code 89 To Code 89 To Code 80 To C
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200 ORCHID SPRINGS DR WINTER HAVEN FL 33884 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typod or pricled name of registered agent and title if applicable. NOTE: Registered Agent Signature required when rematating: DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
TITLE PD DELETE 1.1 TITLE Change
NAME KNIGHT, DIANE S. 1.2 NAME
STREET ADDRESS 1983 STONEBRIDGE DR 1.3 STREET ADDRESS
CITY-ST-ZIP WINTER HAVEN FL 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change C
TATE CLICN D
202 C MADIAN I K DD
STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
18/LE DT DELETE 3.1 TITLE Change
NAME LOFTUS, CAROLYN S. 3.2 NAME
STREET ADDRESS 2007 VARNER CIRCLE, SE 3.3 STREET ADDRESS
CITY-ST-ZIP WINTER HAVEN FL 3.4 CITY-ST-ZIP
THILE OVP DELETE 4.1 THLE Change
NAME MCKEON, DENISE J 4.2 NAME
SIREET ADDRESS LAKE WALES FL 4.3 STREET ADDRESS LAKE WALES FL 4.4 STREET ADDRESS LAKE WALES FL 4.6 CTV, SL 7/P
GH (* 31 * 21 *)
TITLE DELETE 5 1 TITLE Change
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
STREET ADDRESS 5.3 STREET ADDRESS

CITY-ST-ZIP

14. I 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 ceth; 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:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNATOR OR DIRECTOR

Day Land OFFICER OR DIRECTOR

941 - 324-7792 Daytine Phone #