## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1006

2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. FEI Number 5. Subc. Apil. #, ctc. 2. Subc. Apil. #, ctc. 2. City & State 3. Election Campaign Financing Trust Fund Contribution 2. The Country 2. Country 2. Country 3. This corporation has liability for intangible tax. Florida Statutes 2. Florida Statutes 2. Name and Address of Current Registered Agent 3. Name 3. Name and Address of Current Registered Agent 4. April 2. Street Address (P.O. Box Number is Not Acceptable) 4. Ferrian Address (P.O. Box Number is Not Acceptable) 4. Ferrian Address (P.O. Box Number is Not Acceptable) 4. Ferrian Address (P.O. Box Number is Not Acceptable) 5. Street Address (P.O. Box Number is Not Acceptable) 5. Street Address (P.O. Box Number is Not Acceptable) 5. Street Address (P.O. Box Number is Not Acceptable) 5. Street Address (P.O. Box Number is Not Acceptable) 5. Street Address (P.O. Box Number is Not Acceptable) 6. Street Address (P.O. Bo	f Last Report  22/1995  Applied For Not Applicable  \$8.75 Additional Fee Required  \$5.00 May Be Added to Fees under s 199.032,  gent
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. Date Of State Of Status Desired 3. Suite, Apt. #, etc. 4. Fell Number 4. Fell Number 4. Fell Number 5.	Applied For   Not Applicable     \$8.75 Additional     Fee Required     \$5.00 May Be     Added to Fees     under s 199.032,     gent
2. Principal Piace of Business 2a. Mailing Address 5. FI Number 59-2739471  Suite. Apt. #, etc. 5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees under s 199.032, gent
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Sicherapide   Suite   State   State   Sicherapide   Suite, Apt. #, etc.   Sicherapide   Sichera	\$8,75 Additional Fee Required \$5,00 May Be Added to Fees under s 199,032,
City 8 State  City 9 Country  8. This corporation has liability for intangible tax Florida Statutes  Florida Statutes  Name  LANIER, LOUIS  10. Name and Address of New Registered Agent  81 Name  LANIER, LOUIS  102 FOREST DRIVE  PERRY FL 32347  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  FL  11. Fursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changor or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changor or registered agent, or both, in the State of Florida Statutes the above-named corporation's board of directors. I hereby accept the appointment as refurnillar with, and accept the obligations of. Section 607.0505, Florida Statutes  Signature Specific Agents of	Fee Required \$5.00 May Be Added to Fees under s 199.032, gent
City 8 State  28  Country  Sep Country  Sep Country  Country  Sep Country  Se	Added to Fees under s 199.032, gent
Zip   Country   Zip   Country   Zip   Country   R. This corporation has liability for intangible tax   Florida Statutes   Zip   Sol   No	under s 199.032,
PARTY FL 32347  LANIER, LOUIS 102 FOREST DRIVE PERRY FL 32347  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 change registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as retarnillar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ANIER, LOUIS 11. Thile 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. SIRRET ADDRESS 10. DELETE 11. Thile 12. NAME 14. ANIER, LOUIS 13. SIRRET ADDRESS 14. ADDRESS 15. DELETE 11. Thile 12. ANIER, LOUIS 13. SIRRET ADDRESS 14. ADDRESS 15. DELETE 11. Thile 12. ANIER, LOUIS 13. SIRRET ADDRESS 14. ADDRESS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. ADDRESS 17. ADDRESS 18. AD	gent
9. Name and Address of Current Registered Agent    10. Name and Address of New Registered Agent   81   Name	
LANIER, LOUIS 102 FOREST DRIVE PERRY FL 32347  83  Street Address (P.O. Box Number is Not Acceptable)  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 change 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 restantial with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, Investigation of principle diagrals address accept the appointment as restantial with an accept the obligations of principle diagrals address accept the appointment as restant and accept the obligations of principle diagrals address accept the appointment as restantial.  Signature, Investigation of principle diagrals address accept the appointment as restantial.  DATE  Signature, Investigation of principle diagrals address accept the appointment as restantial.  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. TIBLE  LANIER, LOUIS  12. NAME  LANIER, LOUIS  13. STREET ADDRESS  20.1 Diagraphic di	
102 FOREST DRIVE PERRY FL 32347  84 City FL  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 changor 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 refamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, by a criphical quality of purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as refamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, by a criphical quality of purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as refamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, by a criphical criphical criphical criphical directors. I hereby accept the appointment as refamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, by a criphical c	
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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 chango 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 refamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature by directors of the purpose of changed and the state of Florida Statutes.  NOTE Registered Agent signature required when reinstating.  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. TIRE  NAME  LANIER, LOUIS  12. NAME  LANIER, LOUIS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. 13 STREFT ADDRESS  10. FORGOLOGICAL MARKE  14. CITY - ST - ZIP  DELETE  2. TITLE  DATE  14. CITY - ST - ZIP	85 Zip Code
or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or directors. Thereby accept the appointment as refamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, by a cryptocal color of registered agent and block appointment as refamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  INDIE: Registered Agent signature required when reinstating.  DATE  12. OFFICE.RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DIRECTORS  1 1 TIRLE  LANIER, LOUIS  1 2 NAME  1 3 STREFT ADDRESS  102 FOREST STAVE  PERRY FL  1 4 CITY - ST - ZIP  DELETE  2 1 TIRLE  1 AMERICAL STATES ADDRESS  1 3 STREFT ADDRESS  2 2 3 TIRLE  1 AMERICAL STATES ADDRESS  1 3 STREFT ADDRESS  2 3 TIRLE  1 AMERICAL STATES ADDRESS  2 3 TIRLE  3 AMERICAL STATES ADDRESS  3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  4 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1 TIRLE  1 AMERICAL STATES ADDRESS  2 3 TIRLE  3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  4 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  4 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1 TIRLE  1 AMERICAL STATES ADDRESS  2 3 TIRLE  3 TIRLE  3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  4 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  5 ADDIT	
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NAME LANIER, LOUIS 22 NAME	Change [ ] Addition
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	Change Addition
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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)(A). Florida Statutes. I furner 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 cartify 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Destine Prone I

Feb. 11-1996 9-4-584-3340

CR2E034 (12/95)