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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J20990

(4)

**FILED** Mar 13 1997 8:00am Secretary of State

|--|

Principal Place of Business  83 FIRST STREET WINTER GARDEN FL 34787		Mailing Address 5562 SOUTH US 301 BUSHNELL FL 33513-3635 US		:	3. Date Incorporated or Qualified 3a. Date of Last Repo			
Š.,				1	<ol> <li>Date Incorporated or Qualified 06/25/1986</li> </ol>		5/1996	report
2. Principal P	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number	00/-		oplied For
21		26			59-2692947		N	ot Applicab
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		:	5. Certificate of Status Desired			Additional equired
City & State	0	City & State			6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·	\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country		8. This corporation has liability for			. 199,032,
24	25		30			Yes [		
<del> </del>	g, Name and Address of Curre	nt Registered Agent	81 N		10. Name and Address of New R	egistered A	gent	
	DDY, CHARLES L.		01   14	ime				
	9 COUNTY ROAD 721		<b>82</b> St	eel Address	s (P.O. Box Number is Not Accepta	able)		
	UNTY ROAD 721		83					
WE	BSTER FL 33597		63					
			<b>84</b> Ci	у		FL	85 Zip	Code
SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig Stonature, typod or printed name of registered ag		s, the above-na athorized by the ida Statules.				changing i intment as	ts registere registered
SIGNATURE	Signature, typod or printed name of registered ag	ent and title if applicable (NOTE:	Registered Agent sig			purpose of cept the appo	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, typod or printed name of registered ag OFFICERS AN	ent and title if applicable (NOTE	Registered Agent sig		when reinstating)	purpose of cept the appo		RS IN 12
SIGNATURE  12. TITLE NAME	Signature, typod or printed name of registered ag OFFICERS AN PT EADDY, CHARLES L.	ent and title if applicable (NOTE:	Registe/ed Agent sig 13. 1.1 TITLE 1.2 NAME	nature required w	when reinstating)	purpose of cept the appo	DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE NAME STREET ADDRESS	OFFICERS AN  PT  EADDY, CHARLES L.  3339 COUNTY ROAD 721	pent and title if applicable (NOTE:	Registered Agent sig 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR	nature required w	when reinstating)	purpose of cept the appo	DIRECTOR	RS IN 12
SIGNATURE	Signature, typod or printed name of registered ag OFFICERS AN PT EADDY, CHARLES L.	pent and title if applicable (NOTE:	Registe/ed Agent sig 13. 1.1 TITLE 1.2 NAME	nature required w	when reinstating)	purpose of a ept the appo DATE CERS AND I	DIRECTOR	IS IN 12
SIGNATURE  12.  TITLE NAME STREET ADDRESS OJTY-ST-ZIP TITLE	OFFICERS AN  PT  EADDY, CHARLES L.  3339 COUNTY ROAD 721  WEBSTER FL 33597	pent and title if applicable (NOTE:  ID DIRECTORS  DELETE	Registered Agent sig 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-S1-2IP	nature required w	when reinstating)	purpose of a ept the appo DATE CERS AND I	DIRECTOF  Change	IS IN 12
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do hereby certify that the information supplied with this filing does not qualify 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 13 if changed, or on an attachment with appeddress.