## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FILED PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION May 01 1997 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS Secretary of State **DOCUMENT #** Principal Place of Business Mailing Address 1149 WILDWOOD Incorporated or Qualified 3a. Date of Last Report LUTZ, FL Applied For 2a. Mailing Address SAME Not Applicable Suite Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zιο $Z_{\rm IP}$ 8. This corporation has liability for intangible tax under s. 199.032, Yes ☐ No 25 29 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 82 83 84 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 registered office 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 I am familiar uptit and accept the obligation of Section 607.0505, Florida Statutes. \$IGNATURE (NOTE: Registered Agent signature required when reinstalling 12. OFFICERS AND DI ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 1000 Change Addition SEC./ 1 1 TITLE NAME 1.2 NAME CR2E034 LEONARD T. NICHOLS STREET ADDRESS 1.3 STREET ADDRESS 1149 WILDWOOD CHTY-ST ZIP 1.4 CITY-ST-ZIP Addition Change 2 1 TITLE TITLE NAVE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST- ZP 24 CITY-ST-ZIP DELETE Addition THLE 3 1 TITLE Change NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-7IP 3.4 CITY - ST - ZIP DELETE Change Addition TITLE 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST ZIP 5.4 CITY - ST - ZIP DELETE 4000021638**9**4 TITLE 6 1 TITLE -05/02/97--01100--021 NAM: 62 NAME \*\*\*200.00 STREET ADDRESS 6.3 STREET ADDRESS CITY -ST - ZIP 6.4 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 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 12 or Block 13 if changed, or on an attachment with an address.