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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DOCL	1996 DIVISION OF (•		ONS				
1. Corporatio	MENT # J489 In Name ROWS & JESTER, P.A.	113	(4)				[ligg ágad Aláss	11 2 16 2 **	N. B. S. I. P. S
Principal Place	e of Rusinose	k # - **	- A delice		···					
% TOM G. 15 East M	,	307 PC	aiting Address % TOM G. BURROWS PO BOX 541196 MERRITT ISLAND FL 32954-1196 US				The state of the s			
		Ut	•				3. Date Incorporated or Qualified 12/19/1986	3a. Date of ∩4/	Last F 19/1 1	
2. Principal Pi 	ace of Business	<u></u> ⊢	ailing Address				4. FEI Number	04/		Applied For
Suite, Apt.	#, etc.	26	uite, Apt. #, etc.				59-2744199	· · · · · · · · · · · · · · · · · · ·		Not Applicable
22		27	ле, др. #, ес.				5. Certificate of Status Desired	\$		Additional Required
City & State	e	28	ty & State				6. Election Campaign Financing		\$5.0	0 May Be
Zip	Country	Zip	0	c	ountry		Trust Fund Contribution 8. This corporation has liability for inf			d to Fees
24	25 9. Name and Address of Curi	29		30			Florida Statutes 🔲 Yes	№ No		159,002,
	V und Addiess di Culi	ent negistere	ou Agent		81	Name	10. Name and Address of New Re	gistered Age	nt	
BURRO	IWS, TOM G.									
15 EAS	T MERRITT ISLAND CAUSEW	AY			82	Street Add	ress(P.O. Box Number is Not Acceptable)		
Suite :					83			······································		
MERRIT	IT ISLAND FL 32952				84	City			-1 -	- 01-
11. Pursuant t	to the provisions of Sections 607.05	02 and 607 16	OR Florido Statutos	Alia ali		•		FL 8		o Code
or registeri familiar wit	ed agent, or both, in the State of Flo th, and accept the obligations of, So	orida. Such cha	ange was authorized	the action by the	corpc	amed corpor oration's boa	ration submits this statement for the purpord of directors. I hereby accept the appoin	ose of changin itment as regis	g its r	egistered office
SIGNATURE	and accopy and bongunons of, of	000, 100 11000	o, Florida Statutes.							-9
12.	Signature typed or printed name of registered ag		<u> </u>			signature require	d when reinstating)	DATE		
TITLE	PD OFFICERS A	ND DIRECTOR	RS DELETE	13			ADDITIONS/CHANGES TO OFFIC	ERS AND DIF	ECTC	PRS IN 12
NAME	BURROWS, TOM G.		LJ beer it		TITLE NAME			☐ Ch	ange	Addition
STREET ADDRESS	15 E. MERRITT ISLAND #:	307				ADDRESS				
CITY-ST-ZIP	MERRITT ISLAND FL				CITY-ST					
TITLE	DVS		DELETE		TITLE			□ Ch	anne	☐ Addition
NAME	JESTER, JERRY L.			2.2	NAME				e. go	L Noticell
STREET ADDRESS	15 E. MERRITT ISLAND #3	307		2.3	STREET A	DORESS				
CITY - ST - ZIP TITLE	MERRITT ISLAND FL		FT DOLLAR		CITY-ST	- ZIP				
NAME			DÉLETE		TITLE			Ch.	ange	Addition
STREET ADDRESS					NAME OTDEEN	I DODGE C				
CITY-ST-ZIP						ADDRESS				
TITLE			DELETE		TITLE	· zit'			2000	T Laure
NAME			_		IAME			Cha	a:ige	Addition
STREET ADDRESS				ì	THEET A	DDRESS				
CITY-ST-ZIP					ny-st-					
THTLE			DELETE	5.1	TITLE			☐ Cha	inge	Addition
NAME STREET ADDRESS				5.2 N	AME:					_
STREET ADDRESS				538	THEET A	DORESS				
CITY-SI-ZIP TITLE			T DELCTE		17Y-ST-	ZIP				
NAME			☐ DELETE	6.11				☐ Cha	nge	Addition
STREET ADDRESS				62 N		DODGE				
CITY-ST-ZIP	_			640	TREET AC	310				
14. I do hereby	certify that the information sypplied	with this filing	is voluntarily furnish	ed and	11Y-\$1- does i	ot qualify fo	r the exemption stated in Section 119.07/	3)/k) Florida S	tab et-	n I fuether
oath; that I	am an officer or director of the comp Block 13 or Block 13 if above it	nual report or s poration or the	applemental annual receive or trustee ei	report i	is true red to	and accurati execute this	r the exemption stated in Section 119.07(e and that my signature shall have the san report as required by Chapter 607, Florid	ne legal effect a Statutes: en	ecule as if r	nade under

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY L. JESJER

5-9-96 407-453-2190
Darie Dayline Prone 1