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 # J49568

(5)

RICHARD & BLINN, P.A.

FILED Jan 22 1997 8:00am Secretary of State



Principal Place of Business 808 S.E. FT. KING ST. OCALA FL 34471		Mailing Address				i tabute ditt otbid talat ditte ottal tali dibit atbit atbit atbit otbit abbit			
		808 S.E. FT. KING ST. OCALA FL 34471-2320							
US		U\$				3. Date Incorporated or Qualified 12/31/1986		e of Last F 0/1996	Report
2. Principal I	Place of Business	2a. Mailing Address				4. FEI Number			pplied For
21		26				59-2742228		N	ot Applicable
Suite, Apt	i. #, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & Sta	de	City & State				6 Floring Compaign Figureins			
23	•••	28				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Z _i p	Country	Zιp	Co	untry		8. This corporation has liability for	ntangible t		
24	25	29	30			Florida Statutes	Yes XK	No	
	Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered A	gent	
RIC	CHARD & BUNN			81	Name				
	8 S.E. FT. KING ST.			82	Street Add	ress (P.O. Box Number is Not Acceptab	اها		
	ALA FL 34471				555.7.00	TOD TO DON'T COME TO THOU PROOPLAN	/		
				83					
				BA.	City			OF 7in	Code
				04	City		FL	85 Zip	C000
SIGNATURE	am familiar with, and accept the oblig					red when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	VST	DELETE	1.1]	ITLE				Change	Additio
NAME	BLINN, PETER C		1.2 (LAME					
STREET ADDRESS	808 S.E. FORT KING ST.		1.3 9	STREET	ADDRESS				
CITY-ST ZIP	OCALA FL 34471		1.4 (OITY-S	T-ZIP				
TITLE	PD	☐ DELETE	211	ITLE				Change	Additio
NAME	RICHARD, JAMES L		221	NAME					
STREET ADDRESS			233	STREET	ADDRESS				
CITY - S1 - ZIP	OCALA FL 34471		2.4	CITY-S	ST-2#P				
TITLE	D	DELETE	311	TITLE				Change	Additio
NAME	BLINN, PETER C		321	NAME					
STREET ADDRESS			3.3 3	STREET	ADDRESS				
CITY - ST - ZIP	OCALA FL 34471		3.4.	CITY -	ST-ZIP				-
TITLE		DELETE	4.13	TITLE			[Change	Additio
NAME			4. 2	NAME					
STREET ADDRESS			439	STREET	ADDRESS				
CHTY-ST-ZIP				CITY - S	T-ZIP				
TOTAL		☐ DELETE		TITLE				Change	Additio
NAME				MAME					
STREET ADDRESS			5.33	STREET	ADDRESS				
CITY-ST-ZIP	ļ			CITY - 5	IT-ZIP		 ,	10	
TITLE		DELETE	1	TITLE			l	Change	Additio
NAMÉ	1		621	NAME	-				
STREET ADDRESS	i		63	STREET	ADDRESS				
CITY - \$1 - ZIP			6.4	CITY-S	ST - ZIP				

14. I do note by 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 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TH

PED OR PHINTED NAME OF SIGNING OFFICER

James L. Richard

01/13/9

(352) 351-3000