SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** J49859 (8)FORT MCCOY ENTERPRISES, INC. Principal Place of Business Mailing Address P O BOX 616 P O BOX 616 FT MCCOY FL 32134 FT MCCOY FL 32134 3. Date Incorporated or Qualified 3a. Date of Last Report 12/22/1986 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2797389 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζφ Country Zφ Country 8. This corporation has liability for intangible tax under s 199 032 24 25 29 Yes 🔀 No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DINKINS, LEWIS E. 201 NE EIGHTH AVE Street Address (P.O. Box Number is Not Acceptable) **OCALA FL 32670** 83 84 City 85 Zip Code 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. Thereby accept the appointment as registered agent. I am familiar with land accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type for printed mone of nugistered agent and the if applicable (NOTE Respected Agent signature required when reinstating) [DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) TITLE DELETE 1 1 Tille Change Addition NAME **CURINGTON, JOHN** 1.2 NAME CR2E034 14404 NE 113 TERR STREET ADDRESS 1.3 STREET ADDRESS FT MCCOY FL CITY-ST-2IP 14 CITY - ST - ZIP TITLE ST DELFTE 2.1 TITLE Change Addition NAME CURINGTON. DANIEL 2.2 NAME 2965 NE 33 PLACE STREET ADDRESS 2.3 STREET ADDRESS OCALA FL CITY - ST - ZIP 2 4 CHY - ST- ZIP TITLE DP DELETE 3.1 TITLE Change Addition NAME BOOZE, BARBARA A 3.2 NAME STREET ADDRESS 14419 N E 114 AVE ROAD 3.3 STREET ADDRESS CITY-S1-ZIP FT MCCOY FL 3.4 CITY-SI-ZIP TIFLE DELETE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY - ST - ZiP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-Z:P 5.4 CHY-ST-7IP TITLE DELETE 61 11116 Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - 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 1 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 office of principle of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 if Block 13 if chapter 617, Florida Statutes and didess. 6/6/96 352-732-7839 ~ m ( SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR