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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J50438

(7)

FILED Feb 18 1997 8:00am Secretary of State

1. Corporation Name ESTELLE SMITH THOMPSON, INC. Principal Place of Business 1147 SE 14TH ST. OCALA FL 34471 OCALA FL 34471 OCALA FL 34471 OCALA FL 34471								
					3. Date Incorporated or Qualifie 12/30/1986		ate of Last 16/1996	
2. Principal Place of Business		2a. Mailing Address		:	4. FEI Number 59-2870428	··············		Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc			09-2010420			Not Applicable Additional
2		27			5. Certificate of Status Desired			Required
City & State	0	City & State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing		\$5.0	О Мау Ве
Zip	Country	28	Cour	· ·	Trust Fund Contribution			d to Fees
Σ'β \$]	25	29	30	itry	 This corporation has liability f Florida Statutes 	or intangible		rs. 199.032,
<u></u>	g, Name and Address of Curren				10. Name and Address of New			
	DD, BILLY GENE			B1 Name				
	7 SE 14TH ST.		1	Street Ac	idress (P.O. Box Number is Not Accep	table)		
OCA	ALA FL 34471		 	83				**************************************
			[
			1	B4 City		FL	85 Zi	p Code
			Fiorida Statu	tes.	orporation submits this statement for the ration's board of directors. I hereby ac-			-
	Signature typed or printed name of registered age OFFICERS ANI	int and little d'applicable (N	IOTE: Registered		quired when reinstating)	DATE		
12.	OFFICERS AND	int and little d'applicable (N		Agent signalure re		DATE		ORS IN 12
12. TITLE NAME	PD SMITH, DARRELL K.	int and life diapplicable (ND DIRECTORS	IOTE: Registered 13. 1.1 TITU	Agent signalure re	quired when reinstating)	DATE	D DIRECTO	ORS IN 12
12. Tile IAME STREET ADDRESS	PD SMITH, DARRELL K. 18951 SW 57TH PLACE	int and life diapplicable (ND DIRECTORS	13. 1.1 TIT(1.2 NAN 1.3 STR	Agent signature re E AE AE EET ADDRESS	quired when reinstating)	DATE	D DIRECTO	ORS IN 12
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If I do nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(), 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 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 chapped, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTO

Daytime Pt

Daytime Phone #