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PROFIT CORPORATION **ANNUAL REPORT**

1997



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J52452

(6)

FILED Jul 17 1997 8:00am Secretary of State

Principal Place 114 WEST MAI STARKE FL 32	DISON STREET	Mailing Address 114 WEST MADISON (STARKE FL 32091-392							
•						3. Date Incorporated or Qualified	3a. Da	te of Last R	eport
						01/20/1987	04/0	01/1996	
 -	lace of Business	2a. Mailing Address	⊢			4. FEI Number	i ippiida i di		
Suite, Apt.	# etc	Suite, Apt #, etc.			59-2880540 Not Applicable \$8.75 Additional				
22	#, U.O.	27			5. Certificate of Status Desired		Fee Re		
City & Stat	e	City & State			6. Election Campaign Financing		\$5.00		
23		28				Trust Fund Contribution		Added t	
212	Country	Zip	Cou	intry		8. This corporation has liability for i	ntangible	tax under s	. 199.032.
24	25	29	30					No	•
	9, Name and Address of Curren	it Registered Agent		ļ		10. Name and Address of New Re	stered A	.gent	
	.TY, RICHARD E.			81	Name				
	N. TEMPLE AVE.		82 Stre			dress (P.O. Box Number is Not Acceptable)			
, STA	RKE FL 32091			20	, ,				
	`			83					
		1		84	City			85 Zip (Code
44 Durawant	to the provisions of Sections 507 050	ond 607 1609 Flor de Pi	at dee the e		named same	action a shorte this statement for the so	FL	<u> </u>	o ropiotorod
office or a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change wations of, Section 607,0505	atutes, the a vas authorize 5. Florida Stat	d by lutes	the corporati	oration submits this statement for the p on's board of directors. I hereby accep	I the appr	ointment as	registered
SIGNATURE									
·	Signature, typed or printed name of registered age			d Ager	nt signature require	ca when reinstating)	DATE		
12. TITLE	OFFICERS AND	D DIRECTORS DELETE	13.	TI F		ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	S IN 12 Addition
NAME	WILLIAMS, A.C.			1.1 TITLE 1.2 NAME					Modifical
STREET ADDRESS	114 W. MADISON ST				Annutee				
CITY-ST-ZIP	STARKE FL			1.3 STREET ADDRESS 1.4 City-St-Zip					
TITLE	V	☐ DELETE	2.1 10		1 - ZIF			Change	Addition
NAME	WILLIAMS, MILTA E.			2.2 NAME					_
STREET ADDRESS	114 W. MADISON ST		2.3 \$	2.3 STREET ADDRESS		.2.			
CITY-ST-ZIP	STARKE FL		2. 4 CITY - ST-		ĺ				
TITLE	TS	DELETE 3.1		TLE				Change	Addition
NAME	GRIFFIS, BRENDA W.		32 N.	AME		·			
STREET ADDRESS	736 S. WESTMORLAND ST	S. WESTMORLAND ST 33		IREET .	ADDRESS				
CITY-ST-ZIP	STARKE FL		3.4. 0	ITY-S	T-ZIP				
TITLE	T	☐ DELETE	4.1 T					☐ Change	Addition
NAME	WILLIAMS, E. DAVID SR.		4. 2 N						
STREET ADORESS	114 W. MADISON ST		1		ADDRESS				
CITY-ST-ZIP	STARKE FL	DESEA		TY-\$1	I-ZIP		<u>-</u>	Character	A al alter a -
TITLE	OAREO MONIN	☐ DELETE	5.1 TO					Change	Addition
NAME CTOSET ADDRESS	GAÎNES, VICKI W.		5.2 N		ADODECC				
STREET ADORESS	114 W. MADISON ST				ADORESS				
CITY-ST-ZIP TITLE	STARKE FL	DELETE	5.4 CI 6.1 TI	TLF	1 - 219			☐ Change	Addition
NAME			6.1 H		-				Audition
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			635 1640						
	by certify that the information supplied	d with this filing does not c				in Section 119.07(3)(i), Florida Statutes	s I further	certify that	the

Information indicated on this annual report or supplemental annual report is tue/and acclurate 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 of the receiver or trustee empoyered to exclude this to our as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if obtained or on an attachment with an address.