| FILE | E NOW: FILING A | EE AFTER MA | AY 1ST IS | \$550.00 | |
|---|--|--|---|---|---|
| CORPORATION KA ANNUAL REPORT So | | | ORIDA DEPART Katherin Secretary DIVISION OF CO | of State | Color of Tippers |
| 1. Corporation | MENT # J74. ANN, INC. | 204 | | | |
| <u> </u> | | | | | |
| Principal Place of Business 515 KIRBY-THOMPSON ROAD ALVA FL 33920 | | Mailing Ad 515 KIRBY- ALVA FL 3 | THOMPSON ROAL |) | V |
| 2. Principal F | Place of Business | 2a. Mailing | Address | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/22/1987 4. FET Number Applied For |
| 21 Suite, Apt | | 26 | Apt #, etc | | 65-0034051 Not Applicable 5. Certificate of Status Desired \$8.75 Addiconal |
| City & Sta | te | City & | State | | 6. Election Compaign Financing S5.00 Ma; Be Trust Fund Contribution Added to Fees |
| 23 Zih > | Country 25 | 28 | [3 | Country | 8. This corporation owes the current year Intangible Personal Property Tax 10. Name and Address of New Registered Agent |
| 150 LAB 11. Pursuant office or r agent. I a | IKINS, JOHN JAY S. MAIN ST. ELLE FL 33935 to the provisions of Sections egistered agent, or both, in tim familiar with, and accept to | he State of Florida Such | change was auti | 83 84 City , the above-named of horized by the corporate of the corporate | Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code corporation submits this statement for the purpose of changing its registered ration's board of directors. Thereby accept the appointment as registered |
| SIGNATURE | Signature, typed or printed name of re | gstored agent and tien if applicable CERS AND DIRECTORS | and the second second | egistered Agent sign di serie. II 13 . | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE NAME | PST MANN, CLYDE ELLIS 515 KIRBY-THOMPSON | | [] DECEME | 1.1 TiTLE T.2 NAME | [Change Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | ALVA FL | | [] DETETE | 13 STREET ADDRESS [14 Offy-ST-ZP) 23 Tiffe 22 NAME | 33920 [Change [] Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | | | É) betere | 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 TH: E 3.2 NAME | 9000027669537 -02/08/9901015-012***** ****150.00 ****150.00 |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | | <u> </u> | L l'decete | 3.3 STREET ADDRESS 3.4 GGY-ST-ZIP 4.1 TILLE 4.2 NAME | [|
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | | | EJ DELETE | 4.3 STREET ADDRESS 4.4 CITY-ST-ZIF 5.1 THE 5.2 NAME | { Change |
| STREET ADDRESS CITY-ST-ZIP | | | [DELETE | 53 STREET ACORESS 54 CITY-ST-ZIP 61 TITLE | F I Chappe |

6.2 NAME

63 STREET ADORESS

64 CITY-S1-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I hereby 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. Horizon Statutes, and that my manus appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNATURE OF SIGN