## 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 # J90941

(2)

ST. ARNOLD & STEARNS, CHARTERED

## FILED Jan 16 1997 8:00am Secretary of State

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Principal Place of Business  % JACK R. ST. ARNOLD 1370 PINEHURST RD DUNEDIN FL 34698		Ma ling Address % JACK R. ST. ARNOLD 1370 PINEHURST RD DUNEDIN FL 34698-5407		3. Date Incorporated or Qualified 38. Date of Last Report 09/01/1987 01/24/1996				
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number			pplied For
21		26			59-2850821			lot Applicable
Suite, Apr	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional lequired
City & Stat	te	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	,	8. This corporation has liability f	or intangible	tax under	s. 199.032,
24	25	29	30		Florida Statutes	Yes [	] No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New	Registered A	gent	
DUI	10 PINEHURST RD NEDIN FL 34698	502 and 607 1508. Florida Sta	82 83 84	City	ress (P.O. Box Number is Not Acception	FL		Code
SIGNATURE  12. TITLE NAME	ST. ARNOLD, JACK R.	super and utilities apply able (ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME		ired when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO Change	RS IN 12 Addition
STREET ADDRESS CITY+ST-ZIP TITLE	DUNEDIN FL	DELETE	1.3 STREE 1.4 CITY-1 2.1 TITLE	TADORESS   ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	STEARNS, JAMES R. 2653 CRYSTAL CIRCLE DUNEDIN FL		2.2 NAME 2.3 STREE 2.4 CITY-	T ADDRESS ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-	F ADORESS			Change	Addition
TITLE  NAME  STREET ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME				Change	Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS		☐ DELETE	44 CITY- 51 TITLE 52 NAME 53 STREE	ST-ZIP FADDRESS			Change	Additio
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DFLETE		T ADDRESS			Change	Additio
CITY - ST - ZIP			64 CITY-	ST-ZIP	3 - C 440 07/0V/) Florida Obri	uston I further		

I do 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 amount 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 changes, or your placement with an address.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daylinie Phone #