## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 24 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K19472

(5)

TANNER & ASSOCIATES, INC.

IANNER	o associates, inc.							EIDH BIDII EIGH		
Principal Prace	e of Business	Mailing Address	Mailing Address			- 17000M #04 1000 1000 #1000 #1640 10			UHN IHA	
506 ESTATES I LONGWOOD FE		506 ESTATES PLACE LONGWOOD FL 32779-28	506 ESTATES PLACE LONGWOOD FL 32779-2858							
						3. Date incorporated or Qualified 04/01/1988		ate of Last Re /15/1996	eport	
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	XX		plied For	
21		26				59-2902198	Not Applicable			
Suite, Apt. 22		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	C.	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip	Country	Zip	Country 30			8. This corporation has liability for intangible tay under s. 199.032,				
24	25     29   9. Name and Address of Current Registered Agent				<del></del>	Florida Statutes Yes Yoo  10. Name and Address of New Registered Agent				
	PROTECTION OF THE PROTECT OF THE PROTECTION OF T	rent registered Agent		81	Name	10. Name and Address of New R	agistered	Agent		
	NER, ROY A. ESTATES PLACE						·			
	GWOOD FL 32779			82	Street Addre	treet Address (P.O. Box Number is Not Acceptable)				
				83						
		e e		84	City		FL	<b>85</b> Zip (	Code	
	to the provisions of Sections 607, egistered agent, or both, in the Si m familiar with, and accept the of	0502 and 607.1508. Florida Statu late of Florida. Such change was oligations of, Section 607.0505, Fl	tes, the ab authorized lorida Statu	ove by utes	e-named corpo the corporation	oration submits this statement for the on's board of directors. I hereby acce	purpose o pt the app	of changing it pointment as	s registered registered	
SIGNATURE	5 giveners typica or an east manic of registered	Lagent and title if applicable (NO	1E: Registered	Ager	nt signature require	d when reinstating)	DATE	<del></del>		
12.	******** * * * * * ***** *** ** *******	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTOR	IS IN 12	
TITLE	P	1.1 TITLE					Change Change	Addition		
NAME	TANNER, ROY A.		1.2 NA	1.2 NAME						
STREET ADDRESS	506 ESTATES PLACE		1.3 STREET ADDRESS		ADDRESS					
CHY-S1-7/P	LONGWOOD FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE				<del></del>	Change	Addition	
TITLE NAME	st Tanner, Debra L	OLUCIE	2.1 III.E. 2.2 NAME					L.] Change	Addition	
STREET ADDRESS	506 ESTATES PLACE		2.3 STREET ADDR		ADDRESS					
CITY-S1-ZIP	LONGWOOD FL		2. 4 CITY-ST-ZIP							
TOLE		DELETE	3 1 TITL€					☐ Change	Addition	
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 \$16	REET ,	ADDRESS					
CITY-S1-24P				TY-S	IT-ZIP					
THEE	DELETE			Ļ <b>€</b>				Change	Addition	
NAME			4. 2 NA	ME						
STREET ADORESS			4.3 STF	REET	ADDRESS					
CITY - \$1 - 7(P		DELETE	4.4 CIT		T-ZIP			Change	Addition	
TOLE NAMÉ		LJ OCIEIL	5.1 TIT 5.2 NAI					L.J Change	Addition	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			5.4 CIT							
THE	DELETE			LE LE	1 B-11			Change	Addition	
NAME:			6.2 NA					·· w ·		
STREET ADDRESS	_				ADDRESS					
CITY-S1-ZIP			6.4 CIT	Y-\$1	T- <b>Z</b> IP	:				
14. I do herek informatio I am an ol	by certify that the information soon indicated on this annual recipion flicer or director of the corporation	plied with this filing does not qual or supplemental annual report is nor the receiver or trustee empor	ify for the c true and a vered to e	exer CCU Xeci	mption stated rate and that r ute this report	in Section 119.07(3)(i), Florida Statut ny signature shall have the same leg as required by Chapter 607, Florida	as. I furthe al effect a Statutes;	or certify that is if made und and that my r	the der oath; that name	
appears i	n Block 12 or Block 13 Chronic	l, o on an attachment with an ad	ciress.							