## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # <b>K246</b> 4 Name NG MOSS INDUSTRIAL P	# 184(4)() 4(8 110)() #(4)(# 4(4)() #(4)()						
Principal Place of Business Mailing Address  931 N. PENNSYLVANIA AVE. 931 N. PENNSYLVANIA AVE. PO BOX 3446 WINTER PARK FL 32790 WINTER PARK FL 32790				A. W				
WINTER PART US	K FL 32790	US US	90		<ol> <li>Date fricorporated or Qualified 05/23/1988</li> </ol>	1	of Last Re <b>5/01/19</b> 9	
2. Principal Pla	Principal Place of Business     2a. Making A			<del>-</del> ·	4. FEI Number	1	· · · · · · · · · · · · · · · · · · ·	Applied For
26							Not Applicable	
Suite, Apt. #	t, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be		May Be
Zip	Country	Zip	Country 30		8. This corporation has liability for	intangible ta		
24	9 Name and Address of Curre	29 ent Registered Agent			10. Name and Address of New F		Agent	
	2.		8	1 Name				
R. LANCE WALKER 931 N. PENNSYLVANIA AVE. WINTER PARK FL 32789  11. Pursuant to the provisions of Sections 607.0502 and			82 Street A		ress (P.O. Box Number is Not Acceptat	ole)		
			8	13				
			8	34 City		FL	<b>85</b> Zip	Code
SIGNATURE _	h, and accept the obligations of, So Signature types or perfect the extremal multiplication.			gent so parties require	State modified  ADDITIONS/CHANGES TO OFF	DATE	DIBECTO	RS IN 12
<b>12.</b> TITLE	DP DELETE		1 1 11/1	if T	7.0511010-01111010-70-011		Change	Addition
NAME	WALKER, R. LANCE		1.2 NAM	16				
STREET ADDRESS	931 N. PENNSYLVANIA AV	E.		EFF ADDRESS				
CITY - ST - ZIP	WINTER PARK FL DVS	☐ DELETE	1400h 2.1100	(-SI-7IP			Change	Add tion
TITLE	BECK, JOHN	L. Dett.	2.2 NAM					
STREET ADDRESS	PO BOX 626 N/A		23 SIR	EET ADDRESS				
CHY-S!-ZIP	WINTER PARK FL	C7 00 00		r-ST ZiP	— · · - *** (** e * * * * * * * * * * * * * * *		Churca	☐ Addition
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NAME			6.2 NAN			•		
STREET ADDRESS		1	6.3 STR	EET ACORESS				
CITY - ST - ZIF			6 4 CH	Y - ST - ZIP				

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated or this aimusi report or supplements, 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. The corporation or the exercise empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if granged or on an attachment with an address.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR