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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

101

| OINAN  | NG BACHMAN &   | COMPANY, II   | NC.  |              |  |   |  |                                  |                    |   |  |
|--|--|---|--|--------------|--|---|--|----------------------------------|--------------------|---|--|
| Principal Place  | of Business  |   | Mailing Address  |              |  |   |  | 011 <b>010</b>    10010 11       | I (I BIBL BIBL)    |   | <b>                    </b>                            |
| 200 AVE B I<br>SECOND FLO<br>WINTER HAV  |  |   | P.O. BOX 194<br>P.O. BOX 194<br>WINTER HAVEN   | E  93665     |  |   |  |                                  |                    |   |  |
| US<br>   |  |   | US   |              |  |   | 3. Date Incorporate 05/23/198  |                                  |                    | of Last F<br>3/28/19  |  |
| z, Principal Pla   | ace of Business  | <u>-</u>  | <b>2a.</b> Mailing Addres  | 88           |  |   | 4. FEI Number 59-29388   | 29                               | <del>- []</del>    |   | Applied For  |
| Suite, Apt. #  | Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |              |  | 5. Certificate of Sta                                       | Not Applicabl \$8.75 Additional  |                                  |                    |   |  |
| City & State   |  |   | City & State   |              |  |   | 6. Election Campal   | gn Financing                     | <u> </u>           |   | Required<br>May Be                                     |
| Zip  | Country  |   | Z <sub>I</sub> p   |              | Country  |   | Trust Fund Continuation  8. This corporation   |                                  | intensible to      | Adde  | d to Fees  |
|  | 9. Name and Addre  | 2:<br>es of Current Flor  | 9  | 30           | ]  |   | Florida Statutes   | ☐ Yes                            | s 🔲 No             |   | 199,032,   |
|  | S. Marie and Addre   | as of Current rie   | gistered Agent   |              | 81   | Name  | 10. Name and Add   | ress of New I                    | Registered /       | Agent   |  |
|  | i, CARL J. III   |   |  |              | 82   |   | /D.O. D 1  |                                  |                    |   |  |
| 200 AVE  | B, NW  |   |  |              | 02   | Street Add  | dress (P.O. Box Number is  | Not Accepta                      | ble)               |   |  |
| 2ND FL   | HAVEN FL 33881   |   |  |              | 83   | -   |  |                                  |                    |   |  |
| WINTER   | MAVEN PL 33881   |   |  |              | 84   | City  |  |                                  | FL                 | 85 Z  | p Code   |
| i. Pursuant to   | o the provisions of Section  | ons 607.0502 and i  | 607.1508. Florida 5  | Statutes the | e above-n  | amed corpo  | protion culturate this states  | oot for the                      |                    | <del>  </del> |  |
| tamiliar with  | n, and accept the obligation and accept the obligation of the obli | tions of, Section 60<br>of registered agent and the                     | 07.0505, Florida Sta   | atutes.      |  | Drawar a Bo   | oration submits this staten<br>and of directors. I hereby a<br>red whom reinstating)                 | nent for the pu<br>ccept the app | as i               | nging its<br>registered   | registered offi<br>I agent. I am                       |
| tamiliar with  | n, and accept the obligations of the obligation  | tions of, Section 60  | 07.0505, Florida Sta<br>citaryleable<br>ECTORS   | (NOTE Rog    | jistered Agery   | Drawar a Bo   | oration submits this staten<br>and of directors. I hereby a<br>ed when reinstating)<br>ADDITIONS/CHA | ccept the app                    | DATE               | registered  | agent. I am  |
| tamiliar with  | n, and accept the obliga  Signature, typed or printed name of DPV  | tions of, Section 60<br>of registrioid agent and the<br>FFICERS AND DIR | 07.0505, Florida Sta   | (NOTE Roy    | istered Agery  13. 1.1 TITLE   | Drawar a Bo   | ed when reinstating)   | ccept the app                    | DATE               | registered  | PRS IN 12  |
| tamiliar with  | n, and accept the obligations of the obligation  | tions of, Section 60<br>of registrioid agent and the<br>FFICERS AND DIR | 07.0505, Florida Sta<br>citaryleable<br>ECTORS   | (NOTE Regi   | istered Agery  13.  1.1 TITLE  1.2 NAME  | t signature requir  | ed when reinstating)   | ccept the app                    | DATE               | DIRECTO   | PRS IN 12  |
| TAMIllar WITH  | n, and accept the obliga Signature, transit or printed name of  DPV  CARL, J STRONG  | tions of, Section 60 of registered agent and the FFICERS AND DIR        | 07.0505, Florida Sta<br>citaryleable<br>ECTORS   | (NCITE Rogi  | 13. 1. 1 TITLE 1.2 NAME 1.3 STREET   | t signature requir  | ed when reinstating)   | ccept the app                    | DATE               | DIRECTO   | PRS IN 12  |
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SIGNATURE:

SIGNA JURE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR