3.27-97 B-3658 C 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 # K36320 (5) 1. Corporation Name Principal Place of Business Mailing Address				
1170 PEBBLEDA P.O. BOX 1106 MULBERRY FL	LE ROAD	1170 PEBBLEDALE ROAD P.O. BOX 1106 MULBERRY FL 33860-1106	3	
				3. Date Incorporated or Qualified 09/20/1988 06/13/1996
	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21 Suite, Apt	# Zale	Suite, Apt. #, etc.		59-2909407 Not Applicable \$8,75 Additional
22	π, χη.ο.	27		Certificate of Status Desired Fee Required
City & State)	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
23 Zip	Gountry	28 Zip	Country	8. This corporation has liability for intengible tax under s. 199.032,
24	25	29	30	Florida Statutes Yes No
	 Name and Address of Current RONALD L. 	Registered Agent	81 Name	10. Name and Address of New Registered Agent
4740	CLEVELAND HEIGHTS BLVD. ELAND FL 33813		82 Street Addr8384 City	ress (P.O. Box Number is Not Acceptable) FL 85 Zip Code
office or n agent. Lai SiGNATURE	to the provisions of Sections 607.050/ egistered agent, or both, in the State in familiar with, and accept the obliga Signature typed or a titled name of registered ago	of Florida. Such change was itions of, Section 607.0505, F	authorized by the corporat	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
12.	OFFICERS AND		13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1·1LF	DPT	DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	SOUTHERLAND, WILLIAM C.		1.2 NAME	
STREET ADDRESS	3302 E. SPARKMAN RD. PLANT CITY FL		1.3 STREET ADDRESS	
COLV S1-ZIP	S	DELETE	1.4 CIFY-ST-ZIP 2.1 TITLE	Change Addition
NAME	DERA P. SOUTHERLAND	_	2.2 NAME	
STREET ADDRESS	3302 E. SPARKMAN ROAD		2.3 STREET ADORESS	
CITY - S1 - 71P	PLANT CITY FL	C briefs	2.4 CITY-ST-ZIP	Change Addition
TITE		L] DELETE	3.1 TITLE 3.2 NAME	Citaige L. Adoilloi
NAME STREET ADDRESS			3.3 STREET ADDRESS	
COLY - S1 - 7IP			3.4. CITY-ST-ZIP	
1016		DELETE	4.1 TITLE	Change : Addition
NAM:	,		4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP	, , , , , , , , , , , , , , , , , , ,	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
TITLE NAME		I''' DETERE	5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CHY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDIRESS			6.3 STREET ADDRESS	
CHY-ST ZIP			6.4 CiTY - ST - ZiP	10 0 10 10 0 10 0 10 10 10 10 10 10 10 1
informatio	by certify that the information supplied on indicated on this annual report or a officer or director of the corporation or in Block 12 or Block 13 if changed, o	supplemental annual report is the eceiver or trustee emports.	true and accurate and that wered to execute this repo	id in Section 119.07(3)(i), Florida Statutes. I further certify that the at my signature shall have the same legal effect as if made under oath, that ort as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale 0111-1919 PA-1113

FILED

Mar 27 1997 8:00am

Secretary of State