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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 08 1997 8:00am Secretary of State

10/27/1988 04/ 2. Principal Place of Business 28. Mailing Address 4. FEI Number	\$8.75 Fee Ro \$5.00 Added le tax under s	pplied For lot Applicable Additional tequired May Be to Fees
26 Suite Apl. #, etc. Suite Apl. #, etc. City & State City & State City & State 28 Country Zip Country Zip Country 29 30 Florida Statutes Sunta Agent CANNON, JACK 243 SOUTHWEST THIRD ST WINTER HAVEN FL 33880 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Expectation of Status Desired 64 City 85 This corporation has liability for intangible Florida Statutes Name CANNON, JACK 243 SOUTHWEST THIRD ST WINTER HAVEN FL 33880 84 City FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or holds, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appagent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature to the provision of the provision of the provision of the purpose of office or registered agent, or holds, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appagent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature the provision of Sections 607.0505 and 607.0505, Florida Statutes. (NOTE Registered agenture required when renstating) DATE	\$8.75 Fee Ro \$5.00 Added le tax under s	lot Applicable Additional tequired May Be I to Fees
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SIGNATURE Signature, typing or profesting in other sector agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE	of changing i	its ragistered
THE SD DELETE 1.1 TITLE AME CANNON, JACK 12 NAME	Change	Addition
THESE LADORESS 243 S.W. THIRD ST 1.3 STREET ADDRESS		
HY-SI-ZIP WINTER HAVEN FL 1.4 CITY-SI-ZIP		
TLE PD DELETE 2.1 TITLE	☐ Change	Addition
ANY SCHOLTEN, KAREN CANNON 22 NAME THEFT ADDRESS 1580 FOX RIDGE RUN 2.3 STREET ADDRESS		
IREET ADDRESS 1580 FOX HIUGH: HUN 2.3 STREET ADDRESS 1 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP 42		
DELETE 3.1 TITLE	Change	Addition
AME CLEVELAND, DONALD E. JR. 32 NAME		
IREEL ADDRESS 409 6TH ST 3.3 STREET ADDRESS		
DELETE DUNDEE FL	Change	Addition
AME CANNON, POLLYANNA 4.2 NAME	C Change	[] Nation
TREEL ADDRESS 243 S.W. THIRD ST 4.3 STREET ADDRESS		
MYY-S1-ZIP WINTER HAVEN FL 44 CITY-S1-ZIP		
ILE VD DELETE 5.1 TITLE	Change	Addition
AME BRICKNER, JAMES H. 5.2 NAME		
IRELI ADDRESS 6727 JENNY DRIVE 5.3 STREET ADDRESS LAKE WALES FL 5.4 CITY-ST-ZIP		
	Change	Addition
TLE L DELETE 6.1 TITLE 1 AVI: 62 NAME		L. ROUNDII
THEFT ADDRESS 6.3 STREET ADDRESS		
11Y-SI-ZIP 64 CITY-ST-ZIP		

Information indicated on this annual report or supplemental 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 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 changed, or on an attachment with an address.