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

CORPORATION **ANNUAL REPORT**



LLORIDA DEPARTMENT OF STATE

Sandra B. Morti/am

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # K44764

FILED May 13 1997 8:00am Secretary of State

	NE DR.	Mailing Address C/O RONALD D. MARTIN 322 TIMBERLINE DR CRESTVIEW FL 32539-83 US		3. Date Incorporated or Qualifico 3a	Date of Last Report
		••		1	02/09/1996
	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4, £L1 Number	Applied For
Suite, Apt.	#. etc	[26] Suite, Apt. #, etc.		59-2920957	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Ζφ 29]	Country 30	8. This corporation has liability for intang florida Statutes	ible tax under s. 199,032,
	9, Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	
	rtin, ronald d.		81 Name		
322 TIMBERLINE DR			82 Street Add	ress (F.O. Box Number is Not Acceptable)	
CHE	ESTVIEW FL 32536		83		
.			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607 05	02 and 607.1508, Florida Statu	iles, the above-named corp	coration submits this statement for the purposition's board of directors. Thereby accept the	e of changing its registered
agent. I a	registered agent, or both, in the Stati am familiar with, and accept the oblig	e of Florida, Such change was galions of, Section 607.0505, F	authorized by the corporal lorida Statutes.	tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of impistered as OFFICERS AN	FOLD DIRECTORS	Hi Required Agent signature requirements.	ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES ADDITIONS/CHANGE ADDITIO	<u> </u>
TITLE	P	DELETE	1111111	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	MARTIN, RONALD D.		12 NAME		
STREET ADDRESS	153 THIRD AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL		1.4 CHY- ST- ZIF		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change
NAME	MARTIN, DONNEY A.		2.2 NAME		
	P.O. BOX 1963 CRESTVIEW FL			1566 Live Och Church 1	lond
CITY-ST-ZIP TITLE	ST	DELETE	2 4 CITY - \$1 - ZIP 3 1 TITLE		Change Addition
NAME	MARTIN,PAT	L. Orec II	3 2 NAME		L_ Change L_ Addition
STREET ADDRESS	322 TIMBERLINE DR		3 3 STREET ADORESS		
CITY-ST-ZIP	CRESTVIEW FL 32536		34 CITY+S2-24P		
TITLE		☐ DELETE	4.1 THILE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Derry	4.4 C/TY+ST+7/P		
TITLE NAME		DELETE	511018		Change Addition
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		_ Mich	6.2 NAME		CT Change CT Workfold
STREET ADDRESS			63 STREET AUDRESS		
CITY-ST-ZIP			64 CITY+ST-7IP		
	ov carlify that the information equalic	of with this files, done and mail		11-0-1	

not necessary that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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 eath; that I am an officer or director of the corporation or the receiver or frusten 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.