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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # K48951

(3)

FILED Apr 17 1997 8:00am Secretary of State

| Principa! Pla | ce of Businer | | = | Address | ngan | ,, | | | | | | |
|---|---------------------------------|---|--------------------------------------|---|---|--|--|--|---------------------|--------------|------------------------|---|
| %THOMAS D. JENNINGS PO BOX 1256 | | | | NTHOMAS D. JENNINGS PO BOX 1256 | | | | | | | | |
| MOSSYHEAD FL 32434 MOSSYHEAD FL 32434-1256 | | | | | 1256 | | | 3. Date Incorporated or Qualified | d 30 F | ate of L | act Ro | nort |
| | | | | | | | | 01/01/1989 | 1 | /13/19 | | port |
| 2. Principal | Piace of Busi | ness | 2a. Maili | ing Address | | | | 4. FEI Number | _ | | | lied For |
| 21 | | | 26 | . 101 # 010 | | | | 59-2925221 | \\ | | | Applicable |
| Suite, Apl [22] | н, екс. | | 27 | e, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | /5 Ac ee Req | dditional julred |
| City & Sta | qe | | City | & State | | | ······································ | 6. Election Campaign Financing | | | | /lay Be |
| 23 Ζτμ | | Country | 28 Zip | | Count | rv | | Trust Fund Contribution | | | ded to | |
| 24 | | 25 | 29 | | 30 | y | | 8. This corporation has liability for Florida Statutes | or intangios Yes | | aers. | 199.032, |
| | 9. Name | and Address of Cure | | Agent | | | | 10. Name and Address of New | | | | |
| | NNINGS TH | | | | 8 | 1 Na | me | | | | | |
| | 6 BOB SIK | (ES HWY RINGS FL 32433 | | | | 82 Street Add | | ess (P.O. Box Number is Not Accep | table) | | | |
| <i>-</i> | I UNIAN OF | 11#100 1 L 02150 | | | 8 | 3 | | | | | | |
| | | | | | 8 | 4 Cit | у | | FL | 85 | Zip Co | ode |
| L | | cons of Continue CO7 C | 1500 and 607 15 | 00 Florido Stati | utan tha aha | | ned com | oration submits this statement for the | e purpose d | of chang | ing its | registered |
| Pursuan | r to the brown | SIONS OF SECTIONS BUT L | JOUZ AND DUT. ES | ius, rionua stati | utes, the abo | ve-nar | nou corp | The state of the s | | | | |
| 11. Persuari office or agent 1 | registered a ami fam har w | gent, or both, in the Str yith, and accept the ob- | ate of Florida. Subligations of, Sec | uch change was tion 607.0505, F | s authorized (Florida Statut | by the tes. | corporal | oration submits this statement for the ion's board of directors. I hereby acc | cept the ap | pointme | nceas re | aBieraa |
| 11. Pursuan office or agent 1 SIGNATURE | | gent, or both, in the Startin, and accept the ob | | | | | | ion's board of directors. I hereby according to the second of directors. I hereby according to the second of the s | DATE | pointme | ncas re | egistered |
| | Stgrodure, type | d or per transment registered | | cable (NC | OTE: Registered A | √gent sign | | | DATE | D DIREC | CTORS | IN 12 |
| SIGNATURE 12. THE | Shporture, types | d or probational displaced OFFICERS A | agent and title it applic | cable (NC | OTE: Registered A 13. 1.1 TITLE | Agent sign | | red when reinstaling) | DATE | | CTORS | |
| SIGNATURE 12. THE NAME | D JENNIN | d or print to came of registered OFFICERS A | agent and title it applic | cable (NC | OTE: Registered A 13. 1.1 TITLE | Agent sign | alure requir | red when reinstaling) | DATE | D DIREC | CTORS | IN 12 |
| SIGNATURE 12. THE NAVE STREET ADDRESS | D JENNIN P.O. BO | of great or cannot of registered OFFICERS A GS, THOMAS A. DX 1258 N/A | agent and title it applic | cable (NC | OTE: Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRE | Agent sign E E EET ADDR | alure requir | red when reinstaling) | DATE | D DIREC | CTORS | IN 12 |
| SIGNATURE 12. THE NAME | D JENNIN P.O. BO | d or print to came of registered OFFICERS A | agent and title it applic | cable (NC | OTE: Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRE | Agent sign E E EET ADDR -ST-Z1P | alure requir | red when reinstaling) | DATE | D DIREC | CTORS | IN 12 |
| SIGNATURE 12. THE NAME STREET ADDRESS CITY ST-719 | D JENNIN P.O. BO | of great or cannot of registered OFFICERS A GS, THOMAS A. DX 1258 N/A | agent and title it applic | GABIE (NC S DELETE | OTE: Registered A 13. 1.1 Title 1.2 NAM 1.3 STRE 1.4 CITY | Agent sign E E E EET ADDR - ST-ZIP E | alure requir | red when reinstaling) | DATE | D DIREC | CTORS | i IN 12 |
| SIGNATURE 12. THE NAME STREET ADDRESS CHY-SI-ZIP THEE | D JENNIN P.O. BO MOSSY | of great or cannot of registered OFFICERS A GS, THOMAS A. DX 1258 N/A | agent and title it applic | GABIE (NC S DELETE | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM | Agent sign E E E EET ADDR - ST-ZIP E | ESS | ed when reinstating) ADDITIONS/CHANGES TO OF | DATE | D DIREC | CTORS | i IN 12 |
| SIGNATURE 12. THE NAME STREET ADDRESS CHY ST-ZIP THE HAME | D JENNIN P.O. BO MOSSY | of great or cannot of registered OFFICERS A GS, THOMAS A. DX 1258 N/A | agent and title it applic | CADIE (NE S DELETE | 13. 1.1 TITLE 1.2 NAM 1.3 STHE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY | Agent sign E E EET ADDR - ST - ZIP E EET ADDRI (- ST - ZIP | ESS ESS | ed when reinstating) ADDITIONS/CHANGES TO OF | DATE FICERS AN | D DIREC | CTORS ange | IN 12 Addition Addition |
| SIGNATURE 12. 1016 MAY: STREET ADDRESS CHY-SI-ZIP THE NAME STREET ADDRESS CHY-SI-ZIP THE 11116 THE 11116 THE 11116 THE 11116 THE 11116 | D JENNIN P.O. BO MOSSY | of great or cannot of registered OFFICERS A GS, THOMAS A. DX 1258 N/A | agent and title it applic | GABIE (NC S DELETE | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE | Agent sign E E EET ADDR - ST-ZIP E EET ADDRI Y- ST-ZIP E | ESS ESS | ed when reinstating) ADDITIONS/CHANGES TO OF | DATE FICERS AN | D DIREC | CTORS ange | i IN 12 |
| SIGNATURE 12. THE NAME STREET ADDRESS CITY ST-ZIP THE BAME STREET ADDRESS CITY ST-ZIP HELP NAME NAME | D JENNIN P.O. BO MOSSY | of great or cannot of registered OFFICERS A GS, THOMAS A. DX 1258 N/A | agent and title it applic | CADIE (NE S DELETE | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM | Agent sign E EET ADDR - ST - ZIP E EET ADDRI 7 - ST - ZIP E | ESS | ed when reinstating) ADDITIONS/CHANGES TO OF | DATE FICERS AN | D DIREC | CTORS ange | IN 12 Addition Addition |
| SIGNATURE 12. THE NAME STREET ADDRESS CITY STEZIP THE EAWR STREET ADDRESS CITY STEZIP THE NAME STREET ADDRESS CITY STEZIP THE NAME STREET ADDRESS | D JENNIN P.O. BO MOSSY | of great or cannot of registered OFFICERS A GS, THOMAS A. DX 1258 N/A | agent and title it applic | CADIE (NE S DELETE | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE | Agent sign E E E E E E E E E E E E E | ESS | ed when reinstating) ADDITIONS/CHANGES TO OF | DATE FICERS AN | D DIREC | CTORS ange | IN 12 Addition Addition |
| SIGNATURE 12. THE NAME STREET ADDRESS CITY STEZIP THE NAME STREET ADDRESS CITY STEZIP THE NAME STREET ADDRESS CITY STEZIP CITY STEZIP CITY STEZIP CITY STEZIP CITY STEZIP | D JENNIN P.O. BO MOSSY | of great or cannot of registered OFFICERS A GS, THOMAS A. DX 1258 N/A | agent and title it applic | CADIE (NY. S DELETE DELETE | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY | Agent sign E E E E E E E E E E E E E | ESS | ed when reinstating) ADDITIONS/CHANGES TO OF | DATE FICERS AN | D DIREC | CTORS ange ange | IN 12 Addition Addition |
| SIGNATURE 12. THE NAME SIREFLADDRESS CITY STEZIP THE NAME SIREFLADDRESS CITY STEZIP THE NAME CITY STEZIP THE CITY STEZIP THE | D JENNIN P.O. BO MOSSY | of great or cannot of registered OFFICERS A GS, THOMAS A. DX 1258 N/A | agent and title it applic | CADIE (NE S DELETE | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE | Agent sign E EET ADDR -ST-ZIP E EET ADDRI (-ST-ZIP E EET ADDRI (-ST-ZIP | ESS | ed when reinstating) ADDITIONS/CHANGES TO OF | DATE FICERS AN | D DIREC | CTORS ange ange | IN 12 Addition Addition |
| SIGNATURE 12. THE NAME STREET ADDRESS CITY STEZIP THE HAME STREET ADDRESS CITY STEZIP THEF NAME STREET ADDRESS CITY STEZIP THEF NAME STREET ADDRESS CITY STEZIP THEF NAME | D JENNIN P.O. BO MOSSY | of great or cannot of registered OFFICERS A GS, THOMAS A. DX 1258 N/A | agent and title it applic | CADIE (NY. S DELETE DELETE | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAW | E E E E E E E E E E E E E E E E E E E | ESS | ed when reinstating) ADDITIONS/CHANGES TO OF | DATE FICERS AN | D DIREC | CTORS ange ange | IN 12 Addition Addition |
| SIGNATURE 12. THE NAME STREET ADDRESS CITY STEZIP THE HAME STREET ADDRESS CITY STEZIP THE NAME STREET ADDRESS CITY STEZIP THE NAME STREET ADDRESS CITY STEZIP THE NAME STREET ADDRESS STREET ADDRESS | D JENNIN P.O. BO MOSSY | of great or cannot of registered OFFICERS A GS, THOMAS A. DX 1258 N/A | agent and title it applic | CADIE (NY. S DELETE DELETE | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAW 4.3 STRE | E E E E E E E E E E E E E E E E E E E | ESS | ed when reinstating) ADDITIONS/CHANGES TO OF | DATE FICERS AN | D DIREC | CTORS ange ange | IN 12 Addition Addition |
| SIGNATURE 12. THE NAME STREET ADDRESS CITY STEZIP THE HAME STREET ADDRESS CITY STEZIP THEF NAME STREET ADDRESS CITY STEZIP THEF NAME STREET ADDRESS CITY STEZIP THEF NAME | D JENNIN P.O. BO MOSSY | of great or cannot of registered OFFICERS A GS, THOMAS A. DX 1258 N/A | agent and title it applic | CADIE (NY. S DELETE DELETE | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAW 4.3 STRE | E E E E E E E E E E E E E E E E E E E | ESS | ed when reinstating) ADDITIONS/CHANGES TO OF | DATE FICERS AN | D DIREC | DTORS ange | IN 12 Addition Addition |
| SIGNATURE 12. THE NAME STREET ADDRESS CITY STEZIP THE HAME STREET ADDRESS CITY STEZIP THE NAME STREET ADDRESS CITY STEZIP THE RAME STREET ADDRESS CITY STEZIP THE RAME STREET ADDRESS CITY STEZIP THE RAME STREET ADDRESS CITY STEZIP | D JENNIN P.O. BO MOSSY | of great or cannot of registered OFFICERS A GS, THOMAS A. DX 1258 N/A | agent and title it applic | CADIE (NY. S DELETE DELETE | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 CITY 4.1 TITLE 4.2 NAW 4.3 STRE 4.4 CITY | E E E E E E E E E E E E E E E E E E E | ESS | ed when reinstating) ADDITIONS/CHANGES TO OF | DATE FICERS AN | D DIRECT Cha | DTORS ange | IN 12 Addition Addition Addition |
| SIGNATURE 12. THE NAME STREET ADDRESS CHY ST-ZIP THE HAME STREET ADDRESS CHY ST-ZIP THEF NAME STREET ADDRESS CHY ST-ZIP THEE NAME STREET ADDRESS CHY-ST-ZIP THEE NAME STREET ADDRESS CHY-ST-ZIP THEE | D JENNIN P.O. BO MOSSY | of great or cannot of registered OFFICERS A GS, THOMAS A. DX 1258 N/A | agent and title it applic | CADIE (NY. S DELETE DELETE | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 TITLE 4.2 NAV 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM | E E E E E E E E E E E E E E E E E E E | ESS ESS ESS | ed when reinstating) ADDITIONS/CHANGES TO OF | DATE FICERS AN | D DIRECT Cha | DTORS ange | IN 12 Addition Addition Addition |
| SIGNATURE 12. THE NAME STREET ADDRESS CHY ST-ZIP THE NAME STREET ADDRESS CHY-ST-ZIP THE NAME | D JENNIN P.O. BO MOSSY | of great or cannot of registered OFFICERS A GS, THOMAS A. DX 1258 N/A | agent and title it applic | CADIE (NY. S DELETE DELETE | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAW 4.3 STRE 4.4 CITY 5.1 YITLE 5.2 NAM 5.3 STRE | E E E E E E E E E E E E E E E E E E E | ESS ESS ESS | ed when reinstating) ADDITIONS/CHANGES TO OF | DATE FICERS AN | D DIRECT Cha | DTORS ange | IN 12 Addition Addition Addition |
| SIGNATURE 12. TILE NAVE STREET ADDRESS CHY ST-ZIP TILE NAME STREET ADDRESS CHY ST-ZIP TILE NAVE STREET ADDRESS CHY ST-ZIP TILE NAVE STREET ADDRESS CHY-ST-ZIP TILE NAME STREET ADDRESS CHY-ST-ZIP TILE NAME STREET ADDRESS CHY-ST-ZIP TILE NAME STREET ADDRESS | D JENNIN P.O. BO MOSSY | of great or cannot of registered OFFICERS A GS, THOMAS A. DX 1258 N/A | agent and title it applic | CADIE (NY. S DELETE DELETE | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAW 4.3 STRE 4.4 CITY 5.1 YITLE 5.2 NAM 5.3 STRE | E E E E E E E E E E E E E E E E E E E | ESS ESS ESS | ed when reinstating) ADDITIONS/CHANGES TO OF | DATE FICERS AN | D DIRECT Cha | CTORS ange | IN 12 Addition Addition Addition |
| SIGNATURE 12. TILE NAVE STREET ADDRESS CHY ST-ZIP TILE NAME STREET ADDRESS CHY ST-ZIP TILE NAVE STREET ADDRESS CHY ST-ZIP TILE NAME STREET ADDRESS CHY ST-ZIP TILE NAME STREET ADDRESS CHY ST-ZIP TILE NAME STREET ADDRESS CHY ST-ZIP | D JENNIN P.O. BO MOSSY | of great or cannot of registered OFFICERS A GS, THOMAS A. DX 1258 N/A | agent and title it applic | CADIE (NESS DELETE DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 TITLE 4.2 NAV 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 5.3 STRE 5.4 CITY | E E E E E E E E E E E E E E E E E E E | ESS ESS ESS | ed when reinstating) ADDITIONS/CHANGES TO OF | DATE FICERS AN | D DIREC Cha | CTORS ange | IN 12 Addition Addition Addition Addition |
| SIGNATURE 12. TILE NAVE STREET ADDRESS CHY ST-ZIP TITLE NAME STREET ADDRESS CHY ST-ZIP TITLE NAVE STREET ADDRESS CHY ST-ZIP TITLE NAME STREET ADDRESS CHY ST-ZIP TITLE NAME STREET ADDRESS CHY ST-ZIP TITLE NAME STREET ADDRESS CHY ST-ZIP TITLE | D JENNIN P.O. BO MOSSY | of great or cannot of registered OFFICERS A GS, THOMAS A. DX 1258 N/A | agent and title it applic | CADIE (NESS DELETE DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 YITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAM | E E E E E E E E E E E E E E E E E E E | ESS ESS ESS | ed when reinstating) ADDITIONS/CHANGES TO OF | DATE FICERS AN | D DIREC Cha | CTORS ange | IN 12 Addition Addition Addition Addition |

Two making coming that the information suppose with this initing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I furner certify that the information indicated on this 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.