## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation Name

**DOCUMENT #** 

K57632

ADMINISTRATION, INC.

Mailing Address Principal Place of Business

**FILED** Feb 09 1996 8:00 am Secretary of State



2536 COUNTR CLEARWATER		2536 COUNTRYS CLEARWATER FI				
						3. Date Incorporated or Qualified
Principal Place of Business		2a. Mailing Addres	2a. Mailing Address			4. FEI Number Applied For
		26	26			<b>59-2927116</b> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, €	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	City & State		City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	intry		This corporation has liability for intangible tax under s 199.032,
4	25	29	30			Florida Statutes  Yes No  10. Name and Address of New Registered Agent
	<ol><li>Name and Address of Cur</li></ol>	rent Registered Agent		81	Name	
				1		
	, HEATHER L				82 Street Address (P.O. Box Number is Not Acceptable)	
	UNTRYSIDE BLVD			63		
SIXTH FL				65		
CLEARW	CLEARWATER FL 34623			84	City	FI 85 Zip Code
familiar wit: ออกกายอย	i, and accept the obligations of, \$	Section 607.0505, Fiorida S	tatutes.			s board of directors. I hereby accept the appointment as registered agent. I am
	Signatino i typica or printed namo at registered a	AND DIRECTORS	(NOTE: Registered	d Agent	signature ro	required when renstating: DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PDST	AND DIRECTORS		TITLE	ТТ	PD Change Addition
IIILE I	BOESCH, GARY R.	<u></u>		IAME		Benson, Robert
NAMI STREET ADDRESS	2536 COUNTRYSIDE BLV	ח				
1	CLEARWATER FL	<b>.</b>	1	DITY-ST		Clearwater, FL 34623
CHY S1-ZIE	ODD STITLETT D	[] DELE		TITLE		ST Change Addition
VAME			221	NAME		Thornton, R Maury
STREET ADDRESS			235	STREET.		
ony-st-zip				CITY - ST		Clearwater FI 3/623
nr. F		DEL <del>f</del>		TITLE	}	Change Addition
NAME:				NAME		
STREET ADDRESS					ADDRESS	
CHY-SI-ZIP		[] DELE		CITY - S' TITLE	1 - ZIP	☐ Change ☐ Addition
Tr'LE				NAME		
NAME STREET ADORESS					ADDRESS	
SINGLE AUGMESS T				CITY-S		
141). Min et in ''''n'		DELF		TITLE		☐ Change ☐ Addition
NAME			52	NAME		
STREET ADDRESS			53	STREET	ADDRESS	
CITY+S1+ZIP		· · · · · · · · · · · · · · · · · · ·		CITY-S	T - ZIP	Change Cl 4dDine
Tille		☐ DELE	1	TITLE		Change Addition
NAME				NAME		
STREET ADDRESS			ı.		ADDRESS	5
L-14-51-76			64	CITY-S	T-ZIP	A 140 03/0/10 Florida Charles Liferthos

14. I do hereby certify that the information supplied with this fiting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify that I am an officer or director of the corporation or the received or trusted 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 attack many with an address. R. Maury Thornton Sec/Treas 2/6/96 (813)726-0726 SIGNATURE: ( Dare

Osytime Phone #