FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT (

Sandra B. Morth

STATE

FILED Apr 22 1997 8:00am Secretary of State

| | JAL REPORT 1997 | | Secret DIVISION OF | ary of State CORPORA | | ONS | Secreta | ry o | I Sta | ate |
|--|--|---|---|---|-----------------------|------------------------|--|---|-------------------|----------------------------|
| DOCU 1. Corporatio | MENT # K | 67352 Yankeetown, I | (O) | | | | | 11 <u>11111 1111 1</u> | ilii 4ilii 6ien | lilik jilik |
| Principal Plac | e of Business | M | ailing Address | | ı | . | | | | |
| | | | | | ł | | | | | |
| 6451 RIVERSIDE DR 6451 RIVERSIDE DR | | | I RIVERSIDE DR | | I | | | | | |
| YANKEETOWN US | FL 34498 | | YANKEETOWN FL 34498-2437 US | | | | 3. Data locorograted or Qualified | 3. Date Incorporated or Qualified 3a. Date of Last Report | | |
| บจ | | 00 | | | ł | | 02/13/1989 | | 15/1996 | eport |
| 2. Principal f | Pace of Business | 2a. | Mailing Address | Val. | 1- | | 4. FEI Number | | | oplied For |
| 21 | | 26 | | · | | | 59-2930282 | | | t Applicable |
| Suite, Apt. | #, etc. | <u> </u> | Suite, Apt. #, etc. | | ľ | | 5. Certificate of Status Desired | X | \$8.75 | |
| 22 City & Stat | e | [27] | City & State | | 1- | | 6. Election Campaign Financing | | Fee Re | |
| 23 | | 28 | | | | | Trust Fund Contribution | | \$5.00 Added t | |
| Zιμ | Coun | | Zip | Cou | try | | 8. This corporation has liability fo | r igtangible | tax under s | |
| 24 | [25] | 29 | | 30 |] | | | Yes [| | |
| | | ress of Current Regis | tered Agent | | B1 | Name | 10. Name and Address of New F | egistered / | \gent | |
| | OVER, CARL H. | | | | | | | | | |
| | 1 RIVERSIDE DR IKEETOWN FL 3449 | ıa. | | | 82 | Street A | ddress (P.O. Box Number is Not Accept | able) | | } |
| TAIN | IVEE IOMM LF 3448 | ю | | | 63 | | 171 ₂ 111 ₁ 11 | | | |
| | | | | | | | | ···· | · | |
| | | | | | 84 | City | | FL | 85 Zip (| Code |
| 11. Pursuant office or i agent. La | to the provisions of Se registered agent, or bo am familiar with, and ac | ections 607,0502 and 6 oth, in the State of Floric accept the obligations o | 07.1508, Florida Stati da. Such change was l, Section 607.0505, f | utes, the at s authorize Florida Stat | oove d by tutes | e-named o the corpo | corporation submits this statement for the oration's board of directors. I hereby acc | purpose or ept the app | changing its | s registered registered |
| | | min of registered agent and title | | | d Age | nt signature n | equired when reinstating) | DATE | DIDECTOR | 0.01.40 |
| 12. | DP | OFFICERS AND DIREC | DELETE | 13. | TIE | · | ADDITIONS/CHANGES TO OFF | ICEHS AND | Change | Addition |
| NAME | HANOVER, CARL | H. | | 12 N | | | | | | |
| STREET ADDRESS | 6451 RIVERSIDE I | | | 1.3 \$1 | REET | ADDRESS | | | | |
| C(TY - S1 - ZIF | YANKEETOWN FL | | | 1.4 € | | 1 | | | | ļ |
| 1014 | DV | | ☐ DELETE | 211 | TLE | | | | Change | ☐ Addition |
| NAME | HANOVER, BARBA | | | 2.2 N/ | \ME | Ī | | | | |
| STREET ADDRESS | 6451 RIVERSIDE | | | 2351 | RFET | ADDRESS | | | | |
| CITY - ST - 712 | YANKEETOWN FL | | Decete | | | T-ZIP | | | <u> </u> | 14.446 |
| TOLE | 1 | | DELETE | 3.1 T/ | | ļ | | | Change | Addition |
| NAME CITATE ATTORNEY | { | | | 3.2 N/ | | ADDRESS | | | | |
| STREET ADORESS CITY-ST-ZIP | } | | | | | ADDRESS II - ZIP | | | | ļ |
| THE | | and the second second second second second second | DELETE | 4.1 TU | | | | | Change | Addition |
| NAMI | (| | | 4 2 N | AME | | | | | 1 |
| STREET ADDRESS | | | | 435 | REET | ADDRESS | | | | |
| CHY-SY-ZIP | | | | 4.4 CI | TY - S | T-21P | | ···- | | |
| TITLE | - | | DELETE | 5 1 Ti | | | | | ☐ Change | Addition |
| NAME | 1 | | | 5.2 N | | | | | | |
| STREET ADORESS |] | | | 1 | | ADDRESS | | | | |
| CITY: ST-7P | | | DELETE | 5.4 Ct | | 1 - ZIP | | | Change | Addition |
| NAME | } | | | 6.2 N | | 1 | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | |
| CITY - ST-ZIP | | | | 6.4 Ct | | i i | | | | |
| | by certify that the infor | mation supplied with th | is filing does not qua | alify for the | өхө | mption sta | ated in Section 119.07(3)(i), Florida Statu | es. I further | certify that | the |

1. I do hereby certify 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 arinual 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 Biock 12 or Block 13 if the angel, or on an attaching with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/11/97 3

362.447.2981 Daytinie Prione I