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

**PROFIT** CORPORATION ANNITAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1997		7	ry of State CORPORATIONS	Secret	ary or State
	MENT # K'	70944	(9)			
1100117	HOMEO, MO				\$ 10000 HILL 1000 DOING 1000 BILL	
Principal Place	e of Business	WV	Mailing Address		T IDENTALIA DIL KOLIL ODINA IBAN BAD	.   1916   1917   1918   1918   1919   1919   1919   1919   1919   1919   1919   1919   1919   1919   1919   1
TT 15 BOX 395 RT 3 BOX 298  **UNSIL LANE RT 10 BOX 790-C  AKE CITY FL 32025 LIVE OAK FL 32060-9800						
US					3. Date Incorporated or Qualif 03/02/1989	ied 3a. Date of Last Report 04/24/1996
2. Principal P	lace of Busings	il Lane	2a. Mailing Address	-044 CI	4. FEI Number	Applied For
<u>1 大すみ</u> 。 Suite, Apt.	<u> </u>	)2	26 ///5 ~/5 Suite, Apt. #, etc.	sothst.	59-2933422	Not Applicate  \$8.75 Additional
2 L9K	<i>A</i> . (	<b>F</b> J	27 Live OG	ı K	5. Certificate of Status Desired	Fee Required
City & State		•	City & State		Election Campaign Financia     Trust Fund Contribution	ng \$5.00 May Be Added to Fees
20 OC	Count		Zip	Country	8. This corporation has liability	for intangible tax under s. 199.032,
4	25 (O) 9. Name and Addr		29 32060	30 Suwinne	Florida Statutes  10. Name and Address of New	Yes No
CAM		083 01 00110111 11	ogistorea Agent	81 Name	TO, Mario Alto Addioso of No.	Triagistoria rigati
CAMERON, KIRK A. RT 10 BOX 790-C				82 Street A	Address (P.O. Box Number is Not Acce	eptable)
LAK	E CITY FL 32055			83		
				84 City	corporation submits this statement for oration's board of directors. I hereby a	FL 85 Zip Code
SIGNATURE		e of registered agest a DEFICERS AND D	IRECTORS	E Registered Agen agnature		DATE DEFICERS AND DIRECTORS IN 12
DTCE NAMI	P CAMERON, KIRK /		☐ DELETE	1.1 TITLE 1.2 Name		Change Additi
STREET ADDRESS	RT 3 BOX 298	<b>7.</b>		1.3 STREET ADDRESS	7775-150thst	
CHY-ST 7IP	LIVE OAK FL		DELETE	1.4 CITY-ST-ZIP	Live Oak Fl	32060 Change Additi
DULE Name	st   cameron, terri	10	DELETE	2.1 TITLE 2.2 NAME		Change Additi
STREET ADDRESS	RT 3 BOX 298	30		2.3 STREET ADDRESS	7775-1504hst	ſ
COLY-ST ZIP	LIVE OAK FL		T printe	2. 4 CITY-ST-ZIP	Live Oak FI:	32060
THLE NAM:			☐ DELETE	3.1 TITLE 3.2 NAME		Change Additi
STREET ADDRESS				3.3 STREET ADDRESS		
CITY: \$1 - 20				3.4. CITY~ST-ZIP		<b></b>
THEF NAME	1		☐ DELETE	4.1 TITLE 4.2 NAME		Change Additi
STREET ADDRESS				4.3 STREET ADDRESS		
CHY-SI-ZIF				4.4 CITY-ST-ZIP		
TITLE			☐ DELFTE	5.1 TITLE		Change Addit
NAME STREET ADDRESS T				5.2 NAME 5.3 STREET ADDRESS		
Odv-St 7.8				5.4 CITY-ST-ZIP		
111.F			☐ DELETE	61 TITLE		☐ Change ☐ Addit
NAVE	}			6.2 NAME		
STREET ADDRESS   Official Strictle				6.3 STREET ADDRESS 6.4 City-St-Zip		
14. I do herel	by certify that the inform	nation supplied w	ith this filing does not qual	ify for the exemption s	tated in Section 119.07(3)(i), Florida St	atutes. I further certify that the
Lam an o	ifficer or director of the	corporation or the	plemental annual report is b receiver or trustee empoy n an attachment with an ad	vered to execute this r	that my signature shall have the same eport as required by Chapter 607, Flor	ida Statutes; and that my name

SIGNATURE:

/I semecon

Apr 11 1997 8:00am