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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 15 1997 8:00am Secretary of State

Principal Place of Business  ** JOSEPH TANKSLEY. JR. 393 HYACINTH ST. PORT CHARLOTTE FL 33954	Mailing Address % JOSEPH TANKSLEY, JR. P O BOX 2552 PORT CHARLOTTE FL 339 US		3. Date Incorporated or Qualific	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0112645	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #. etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	
23	28		Trust Fund Contribution	Added to Fees
Zip Country  24 25 9. Name and Address of Curre	29 29	Country 30	This corporation has liability to Florida Statutes     Name and Address of New	for intangible tax under s. 199.032, Yes No
TANKSLEY, JOSEPH, JR.	iii negisterea Agent	81 Name	10. Namo alla Address di New	negistered Agont
393 HYACINTH ST.			odress (P.O. Box Number is Not Acceptable)	
PORT CHARLOTTE FL 33954				
		83		
		84 City		FL 85 Zip Code
	ned and this tappedate (NOT VD DIRLOTORS	I. Registereo Agent signature re-		FICERS AND DIRECTORS IN 12
NAME SOIP  TANKSLEY, JOSEPH, JR.	L_1 DELF1€	1.1 THLE 1.2 NAME		Change Addition
STREET ADDRESS 393 HYACINTH ST.		1.3 STREET ACOURESS	23443 Garrett Av. Part Charlotte Fl	<b>C</b> .
CITY-ST-ZIP PORT CHARLOTTE FL		1.4 City-St - 7iP	Port Charlotte FL	33954.
TITLE	DETENE	2 1 TITLE		Change Addition
NAME CONTEXT ADDRESS		2.2 NAME		
STREET ADDRESS CITY-ST-ZIP		2.3 STREET ADDRESS 2.4 City: ST- ZIP		
TITLE	DETENT	31 111116		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
City-St-ZiP Title	DOLLIE	3.4. City - St - ZiP 4.1 Title	**************************************	Change Addition
NAME	<u></u>	4. 2 NAMŁ		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	Пост	44 CRY - \$1 - 712		06
TITLE	DELETE	5.1 TITLE		Dhange Addition
NAME STREET ADDRESS		5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP		
TITLE	DELETE	G 1 TITEF		Criange Addition
NAME		6.2 NAME		
STAEET ADDRESS		6.3 STREET ADDRESS		
CITY+ST-ZIP		6.4 CiTY+ST- ZIP		

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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.