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

K93810

(5)

DOCUMENT # 1. Corporation Name

TALBOT GUYER COMPANY

IALDOI	GOTEN GOM AND			,,			
Principa! Place o	of Business	Mailing Add	ress				
C/O JOHN B. 3115 KENSING	TON \$T.	BOX 32041		FF (II)			
TAMPA FL 33629		US US	TAMPA FL 33679 US		3. Date Incorporated or Qualified 3a. Date of Last Repor 05/01/1995		
2. Principal Plac	ce of Business	2a. Mailing A	Address		4. FEI Number	 	Applied For
21		26			59-2954956		Not Applicable
Suite, Apt. #	, etc.	Suite, Ar	ot # etc.		5. Certificate of Status Desired	Fee	Additional Required
Oity & State		Oty & S 28	tate		Election Campaign Financing Trust Fund Contribution	Adide	May Be d to Fees
Zip	Country	<i>Ζ</i> φ		Country	8. This corporation has liability for		199.032,
24	25	[29]		30	Florida Statutes (X) Yes 10. Name and Address of New F	No	
	9. Name and Address of Currer	it Registered Ag	jent	81 Name	10. Name and Address of New I	egistereo Agent	
	ff, John B. III 7 Kennedy Blyd. Suite 3700 L 33602			83	ddress (P.O. Box Number is Not Acceptat		
				84 City			p Code
familiar with	n, and accept the obligations of, Sectorative typed or milled har colling steel ages	ion 607,0505, Flc	orida Statutes	5. DIE Registered April Signaturi rég 13.	card of directors. Thereby accept the app	DATE	
12.	DPS OFFICERS AN] DELETE	I 1 TifeE	AUDITIONS CHANGES TO OTT	☐ Change	Addition
TITLE	GUYER, JAMES TALBOT M.	L-	J DECEME	1.2 NAME			
NAME STREET ADDRESS	3115 KENSINGTON ST.			1.3 STREET ADDRESS			
CITY-S1-ZIP	TAMPA FL			1.4 CHY-SI-ZIP			
TITLE] DELETE	2 TILE		Change	☐ Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY - ST - ZIP				24 C TY - ST - 7-P		<u></u>	
TITLE] DELETE	3 1 TITLE		☐ Change	Addition
NAME				3.2 NAME			
STREET ADDRESS				33 STREET ADDRESS			
C(TY-ST-Z(P			T DOLÉTI	3 4 Crity - ST- ZiP		Change	☐ Addition
TITLE		L] DELÉTE	4 1 TITLE		Change	
NAME				4 2 NAME 4 3 STREET ADDRESS			
STREET ADDRESS							
CHY-ST-ZIP TITLE] DELETE	4.4.C(TY - ST - Z(F) 5.1.T-TLF		Change	Addition
NAME		L	· -	5.2 NAME		•	
STREET ADDRESS				5.3 STREET ADDRESS			
CITY ST-ZIP				5.4 CITY - ST - ZIP			
TITLE		Γ) DELETE	6 1 TITLE		Change	Addition
NAME		_		6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-7IP				6.4 C(I) - SI - ZIP			
14. I do hereb certify that oath; that	the information indicated on this sur	iual report or supp oration or the reci	piemental and eiver or truste	nual report is true and acc se empowered to execute	ify for the exemption stated in Section 119 curate and that my signature shall have the this report as required by Chapter 607, F	: Same legal effect as	ii made under

SIGNATURE: