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

DOCUN 1. Corporation	MENT # K9526	67 (6)			
	AUMAN CORPORATION	` '			
Principal Place	of Business	Mailing Address			1141 198 4 64011 01011 01011 01014 01811 01814 1804
302 IOWA AVE P.O. BOX 1208 LYNN HAVEN FL 32444		302 IOWA AVE P.O. BOX 1208 LYNN HAVEN FL 32444			
US	TIL DETTY	US		3. Date Incorporated or Qualified	' '
2. Principal Pia	ace of Business	2a, Mailing Address	/III///II/III	06/13/1989 4. FEI Number	08/07/1995 Applied For
	OHIO AVENUE	26 305 OHIO	AURNUR	59-2963291	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Crty & State			\$5.00 May Be Added to Fees
Zip	Country	Zφ	Country	Trust Fund Contribution 8. This corporation has liability for	
4	25	29	30		es 🗍 No
	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New	Registered Agent
			81 Name		
	N, JEFFREY WILLIAM		82 Street Ad	ldress (P.O. Box Number is Not Accepta	able)
302 IOV			83		
LINN	IAVEN FL 32444				
			84 Crty		FL 85 Zip Code
11. Pursuant to or registers familiar with	o the provisions of Sections 607.050: ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	2 and 607.1508, Florida Statutes ida. Such change was authorize tion 607.0505, Florida Statutes.	s, the above-named corp is by the corporation's b	poration submits this statement for the popular of directors. I hereby accept the ap	urpose of changing its registered office pointment as registered agent. I am
SIGNATURE					
******************	Signaturs: typod or printed ramu of registered again		Flegistered Agent signature req		DATE
TITLE	PD OFFICERS AN	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
NAME	NAUMAN, JEFFREY WM.	L., beati	1.2 NAME		Charge
STREET ADDRESS	302 IOWA AVENUE			305 OHIO AVEN	UF
CITY-SI-ZIP	LYNN HAVEN FL		1.4 CITY- ST-ZIP		
TITLE		[]] DELETE	2 1 TITLE		Change Adóition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY - ST - ZIP		
TITLE		DETEAS	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 C(TY-ST-ZIP 4. 1 T(TLE		☐ Change ☐ Addition
NAME			4.2 NAME		L. Starige L. Troomer
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIF		
TITLE		DELETE	5. 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		free part free	5.4 City-St-7/P		
TITLE		DELETE	6. 1 TITLE		Change Addition
NAME OTOTET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14. I do hereby	L y certify that the information supplied	with this filing is voluntarily furnis	6.4 CITY-ST-ZIP	y for the exemption stated in Section 11	9.07(3)(k), Florida Statutes I further
certify that oath; that I appears in	the information indicated on this arm I am an officer of directed on this corp Block 12 or Block 12 if the need, or	nual report or supplemental armu oration or the receiver or trustee on an attachment with an addre	al report is true and acc empowered to execute ss.	urate and that my signature shall have the this report as required by Chapter 607,	ne same legal effect as if made under Florida Statutes; and that my name

SIGNATURE:

JEFFTEY WILLIAM NAVMAN STOOGG 905/265-435