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

DOCUM 1. Corporation I		44 (3)				
	ENTERPRISES OF MADIS	ON, INC.			1188811281281314181318181	
Principal Place o	of Business	Mailing Address				ON OION BION BIBIF OIBN OION OION BION HOOF
ROUTE 2 BOX 590 P.O. BOX 1122 MADISON FL 32340		ROUTE 2 BOX 590 P.O. BOX 1122 MADISON FL 32340				
					3. Date incorporated or Qualified 06/30/1989	3a. Date of Last Report 02/13/1995
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
P1 Koute 5 Boy 6285		26 <i>P.O., Boy 1122</i> Suite, Apt. H, etc. 27		59-2956262 5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State Madison, Fl		City & State 28 MRLISON, FI		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
24 3 3 3 4 0 25 Madison		29 3234/	30 Madison		B, This corporation has liability for Florida Statutes	rintangible tax under s. 199.032, s. 🔲 No
·	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New	Registered Agent
BLAIR, WILEY D				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)		
ROUTE 2 BOX 590 MADISON FL 32340						ible)
				83		
				84 City		FL 85 Zip Code
or registere	the provisions of Sections 607.050 d agent, or both, in the State of Flor , and accept the obligations of, Sec	ida. Such change was authori.	zed by the (ve named corpo corporation's boa	ration submits this statement for the purid of directors. It hereby accept the app	urpose of changing its registered office
SIGNATURE						
12.	parties type the printed reached registered ago: OFFICERS AN	if and title Cappin able (N ND DIRECTORS	OTE: Registered	Agont signature require		FICERS AND DIRECTORS IN 12
TALE	PD	DELFTE	1 1 1	IILF	ADDITIONS/GRANGES TO GE	Change Addition
NAM.	BLAIR, WILEY			AME		
STREET ADDRESS	RT 2 BOX 590		1.3 \$	TREET ADDRESS		
COD SEZIP	MADISON FL		140	1TY-ST-7iP		
गार	STD	☐ DELET€	2 1 1	ITLE		☐ Change ☐ Addition
NAME	BLAIR, MARTHA A		2 2 N			
SPREEL ADDRESS	RT 2 BOX 590			TREET ADDRESS		•
UNY STEP	MADISON FL	DELETE	24C 3 1 1	ITY-ST-ZIP		Change Addition
KaWi		L.J Betti	3 2 N			C onargo C Academ
STREET ADDRESS				STREET ADDRESS		
Clr-SLZP				ITY - ST-ZIP		
TITLE		☐ DELFIE	4.11			Change Addition
NAME			4 2 N	AME		
STREET ADDRESS			438	TREET ADDRESS		
Offy 51 ZP			440	ITY - ST - ZIP		
TITLE		DELETE	5 1 1	II:E		Change Addition
NAME			5.2 N	AME		
STREE ADDRESS				TREET ADDRESS		
CITY ST ZIP		Finality		ITY - S1 - 2IP		Character C Address
164f		DELETE	6 1 1			Change Addition
NAME CHARLES ADDRESS			62 N			
SUPER ADDRESS				TREET ADDRESS		
0fg-81 Zif	certify that the information supplied	with this filing is voluntarily fur		does not qualify	for the exemption stated in Section 119	9.07(3)(k), 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 legal effect as if made under outh, 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.

SIGNATURE: Matta A. Blair
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/94 904/913-4007