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

DOCUMENT # K99423

(1)

MCGEE, LUCKIE & DAYTON, P.A.

Principal Place % CHARLIE LU 242 HOWELL A BROOKSVILLE I	CKIE. JR. VE.	Mailing Address % CHARLIE LUCKIE, JR. 242 HOWELL AVE. BROOKSVILLE FL 34801-2040							
				3. Date Incorporated or Qualified 07/03/1989	3a. Date of Last Report 01/24/1996				
2. Principal Pla 21	ace of Business	2a. Mailing Address 26			1 . "	4. FEI Number 59-2948613			plied For t Applicable
Suite, Apt 4		Suite, Apt. #, etc.				5. Certificate of Status Desired		8.75 A Fee Re	Additional equired
City & State	,	City & State	 			6. Election Campaign Financing Trust Fund Contribution			
Ζιρ 24	Country 25	2ip 29	30 Cox	untry		8. This corporation has liability for Florida Statutes	ntangible tax Yes		199.032,
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered Age	ınt	
LUCKIE, CHARLIE, JR.				81	Name				
	HOWELL AVE.			82	Street Add	dress (P.O. Box Number is Not Acceptat	ole)		
BRO	OKSVILLE FL 34601			83		<u>,, , , , , , , , , , , , , , , , , , ,</u>	.,,		······
				63					
				84	City		FL	35 Zip (Code
office or re agent. Lar SIGNATURE	o the provisions of Sections 607.05t egislared agent, or both, in the State in familiar with, and accept the oblig Signate bast approted owns of egistant 23	e of Florida. Such change was gations of, Section 607.0505, F	authoriz€ Iorida Sta	ed by stutes	the corpora	rporation submits this statement for the pation's board of directors. I hereby accepance when reinstating)	ourpose of choosing the appoint	anging its tment as	s registered registered
12.	······	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		RECTOR	S IN 12
Trīlf	D	DELETE	1,1 1	ITLE				Change	Addition
NAME	LUCKIE, CHARLIE, JR.		1,2 N	AME					
STREET ADDRESS	242 HOWELL AVE.		1.3 9	STREET	ADDRESS .				
C/TY - S1 - ZIP	BROOKSVILLE FL		1.4 (ITY-S	1-749				
TITLE		☐ DELETE	2.1 1				L.	Change	Addition
NAME				IAME					
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP		DELETE	2.4	CITY-S	T-ZIP			Change	Addition
TITLE NAME			1	NAME			L) Glialige	L Addition
SIREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY-S					
TITLE		DELETE	4.1 1					Change	Addition
NAME			4.2	NAME					
STREET ADDRESS			4.3 9	STREET	ADDRESS				
CHY-ST-ZIP			4.4 (CITY - S	T- ZIP				
THTLE		☐ DELETE	5.1 T	ITLE				Change	Addition
NAME			5.2 1	NAME					
STREET ADDRESS			5.3 8	STREET	ADDRESS				
CITY+ST ZIP	, p. 1000	Distre		CITY - S	T- ZIP		·	T 65	1,332.
1111.8		L_J DELETE	6.1 1				L] Change	Addition
NAME				NAME	ADDRESS				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	ov certify that the information supplie	ed with this filing does not gue	lify for the	CITY+S e exe	motion state	ed in Section 119.07(3)(i), Florida Statute	s. I further of	artify that	the
	al continuita at an attack and a continuita and	and the contract of the contra				at my signature shall have the same legi ort as required by Chapter 607, Florida			Mara 1 1

SIGNATURE:

MANUEL NUCLEUS OF PRINTED NAME OF STONING OFFICE OF PRESTOR

2-19-97

(352) 796-3564

FILED

Feb 25 1997 8:00am

Secretary of State