Surface April 19 Surface Surface	ANTHONY FINANCIAL, INC. Prespet Place of Business ** GORDON ARTHONY SO LODGOUT PLACE MUTLAND FL \$2751 ** SORDON ARTHONY SORDON SORTON S	PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT Sandra B. Morths Scoretary of Sta DIVISION OF CORPOR					
**SORRON AITHONY 280 LOCKOUT PLACE MATLAND FL 92791 **SORRON AITHONY 280 LOCKOUT PLACE MATLAND FL 92791 **DECENDENT PLACE MATLAND FL 92791 **SORRON AITHONY **SORRON **SORRON AITHONY **SORRON	Principal Place of Business ** GORDON AMTHONY ** GORDON *	DOCUMENT # L06595 1. Corporation Name			(7)		····			
S CORDON AMPIONY SIX LOCKOUT PLACE MATLAND PL 2991 **SOFT COUNTY** **SOFT COU	S. GORDON AMTHONY 20 LOCKOUT PLACE MATCHARD FLORE OF Eurainess 20. Mainting Adubicus. 20. Country	ANTH	ONY FINANCIAL,	INC.				I AND HAVE A STATE BANGE AREA	ê (B(B) B(N) B(B)) B(B)) b	iðit Bildi Bildi Giðir engi
ANTHONY, GORDON ANTHONY PLACE MATCHAND FL 92751 283 LOCKOUT PLACE MATCHAND FL 92751 29 LOCKOUT PLACE MATCHAND FL 92751 30 LOCKOUT PLACE	ANTHONY, LORGEN ANTHONY, LINCOLN ANTHONY, LORGEN ANTHONY BETT ALRESS ANTHONY, LORGEN ANTHONY, LINCOLN ANTHONY, LORGEN ANTHONY, LORGEN ANTHONY, LORGEN BETTER BETTER ANTHONY, LORGEN ANTHONY, LORGEN ANTHONY, LORGEN ANTHONY, LORGEN BETTER BETT	Principal Place	of Business		iling Address	····				
2. Principal Place of Pusiness 2. 2a. Mainry Address 2. 5. Surte, Apt. #, etc 2. 5. Surte, Apt. #, etc 2. 5. Surte, Apt. #, etc 2. 7. Cay & State 3. 2. Cay & State 3. 3. Cay & State 3. 2. Cay & State 3. 3. Cay & State 3. Cay	2. Principal Piaco of Business 2. Mainry Artheres 3. A. FELINIAND 5. September 5. S	203 LOOKO	UT PLACE		203 LOOKOUT PLAC	Æ				
Sure, Apt. 4, etc. Sure Apt. 4, etc. Sure Apt. 4, etc.	Surte, Apt. 4, etc. Surte, Apt. 4, etc.	2. Principal Plac	ce of Business	29	Mailing Address			08/02/1989		ast Report 18/1995
S. Certificate of Status Decision Status Dec	City & State City & State City & City & State]		├			····			Applied For Not Applicable
28 Country Zep Country Zep Country String C	Typ. Country 2/p Country 2/p Country 2/p Country 2/p Country 3/p Country 4/p C	<u> </u>		27]					<u> </u>	Fee Required
### Book	Section Sect		Country	~			unta/	Trust Fund Contribution		Added to Fees
ANTHONY, GORDON 203 LOOKOUT PLACE MATILAND FL 32751 82 Street Address (P.O. Box Number is Not Acceptable) 83	ANTHONY, GORDON 203 LOOKOUT PLACE MATTLAND FL 32751 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 11. Pursuant to the provisions of Socilons 607 0502 and 607 1508. Fiorida Statutes, the abbove heared corporation submits this statement for the purpose of changing familiar with, and accept the delipations of, Socilon 607 0505, Fiorida Statutes, but the corporation's board of directors, i hereby accept the appointment as received in the purpose of changing familiar with, and accept the delipations of, Socilon 607 0505, Fiorida Statutes. SINATURE SEPARATE familiar production and in chaptering traities is allocated. DELETE STATE ADDITIONS/CHANGES TO OFFICETS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICETS AND DIRECTORS 14. CITY 97-2P 14. CITY 97-2P 15. STATE ADDRESS ANTHONY, UNCOLN 20 STATE ADDRESS ANTHONY, LINCOLN 20		25	29		<u></u> ⊢ ¬	Jirity	Florida Statutes 🔲 Y	′es ∏No	
203 LOOKOUT PLACE MATILAND FL 32761 83 64 City FL 85 Steed Address (P.C. Box Number is Not Acceptable) 86 City FL 87 Stp Code 87 City FL 88 Steed Address (P.C. Box Number is Not Acceptable) 89 Steed Address (P.C. Box Number is Not Acceptable) 80 City FL 80 Stp Code 81 City FL 85 Stp Code 86 City FL 86 Stp Code 87 City FL 88 Stp Code 88 Steed Address (P.C. Box Number is Not Acceptable) 89 Stp Code 89 Stp C	203 LOOKOUT PLACE MATILAND FL 32751 83 84 City FL Or registered agent, or both, in the State of Fonds Such change was authorized by the corporation submits this statement for the purpose of change or registered agent, or both, in the State of Fonds Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent, or both, in the State of Fonds Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent and the purpose of change of the composition with, and also per the obligations of, Socion 607,0505, Frontia Statutes. Significant with, and also per the obligations of, Socion 607,0505, Frontia Statutes. Description of the state of the purpose of change of the purpose of change of the state of directors. I hereby accept the appointment as registered agent agent agent and a proportion of the purpose of change of directors. I hereby accept the appointment as registered agent a	ANTHO					81 Name		registered Agen	t
B4 City FL 85 Zip Code	11. Pursuant to the provisions of So-slons 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of change familiar with, and accept the obligations of, Social GSU-OSO, Florida Statutes. 13. Fursuant to the provisions of So-slons 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of change familiar with, and accept the obligations of, Social GSU-OSO, Florida Statutes. 13. Fursuant to the provisions of Social GSU-OSO, Florida Statutes. 14. Fursuant to the provisions of Social GSU-OSO, Florida Statutes. 15. Fursuant to the provisions of Social GSU-OSO, Florida Statutes. 15. Fursuant to the provisions of Social GSU-OSO, Florida Statutes. 15. Fursuant to the provisions of Social GSU-OSO, Florida Statutes. 15. Fursuant to the provisions of Social GSU-OSO, Florida Statutes. 15. Fursuant to the provisions of Social GSU-OSO, Florida Statutes. 15. Fursuant to the provisions of Social GSU-OSO, Florida Statutes. 15. Fursuant to the provisions of Social GSU-OSO, Florida Statutes. 15. Fursuant to the provisions of Social GSU-OSO, Florida Statutes. 15. Fursuant to the provisions of Social GSU-OSO, Florida Statutes. 15. Fursuant to the provisions of Social GSU-OSO, Florida Statutes. 15. Fursuant to the provisions of Social GSU-OSO, Florida Statutes. 15. Fursuant to the provisions of Social GSU-OSO, Florida Statutes. 15. Fursuant to the provisions of Social GSU-OSO, Florida Statutes. 15. Fursuant to the provision of Social GSU-OSO, Florida Statutes. 15. Fursuant to the provision of Social GSU-OSO, Florida Statutes. 15. Fursuant to the provision of Social GSU-OSO, Furs	203 LO	OKOUT PLACE					Address (P.O. Box Number is Not Accept	able)	
The Pursuant to the provisions of Sections 607.0502 and 627.1508, Florida Statuties, the above named corporation submits this statement for 9% purpose of charging its registered agent, or both, in the State of Florida State change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, if anniar with, and accept the obligations of, Section 607.0505, Florida Statuties. SIGNATURE Signature State of Florida State of problems are already problems. Application of the corporation's board of directors. Thereby accept the appointment as registered agent, if anniar with, and accept the obligations of, Section 607.0505, Florida Statuties. SIGNATURE Signature State of problems and Diffe Croins 13. STATE ADDRESS AND DIFFE CROINS. 12. In THE LEFT ADDRESS AND DIFFE CROINS. 13. STREET ADDRESS AND ADDRESS ADDRES	FL	MAITLA	ND FL 32/51							*
formillar with, and a accept the obligations of, Section 607,0506, Florida Statutions. SIGNATURE 2.	familiar with, and accept the obligations of, Socion 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ANDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14.111111 15. ANDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ANDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. 1.111111 17. ANDE 283 LOOKOUT PLACE 18. ANTHAND FL 18. ANTHAND FL 18. ANTHONS, CHANGES TO OFFICERS AND DIRECTORS 18. ANTHAND FL 18. ANTHA	1 Duration to	the provisions of O	007.000			" " ",			1 .
Synature types to printed au of regulated in projection. POPHICE IS AND DIRECTORS 13.	Suprature based or printed our not reconsect agree and 11 for a greeners POFFICERS AND DIFFECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS ITLE GORDON, ANTHONY 203 LOOKOUT PLACE ITLY ANTHONY, LINCOLN 22 NAME ANTHONY, LINCOLN 22 NAME ANTHONY, LINCOLN 22 NAME ANTHONY, LINCOLN 23 STREET ADDRESS IN-ST-2P MAITLAND FL DELETE DELETE DELETE 3 STREET ADDRESS 14 CITY-ST-2P MAITLAND FL DELETE 3 STREET ADDRESS 14 CITY-ST-2P MAITLAND FL DELETE 3 STREET ADDRESS 15 STREET ADDRESS 16 CITY-ST-2P 34 CITY-ST-2P 34 CITY-ST-2P 34 CITY-ST-2P 34 CITY-ST-2P 34 CITY-ST-2P 34 CITY-ST-2P 44 CITY-ST-2P MAITLAND FL DELETE DELETE 5 STREET ADDRESS 15 STREET ADDRESS 16 STREET ADDRESS 17 STREET ADDRESS 18	familiar with	d agent, or both, in the S , and accept the obligat	State of Florida Such ons of, Section 607.0	chango was authorizi 505, Florida Statutes	ed by the o	ove-named coorporation's	orporation submits this statement for the p board of directors. I hereby accept the ap	purpose of changing opointment as regist	its registered office ered agent. I am
THE ADDRESS TREE A	THE BORDON, ANTHONY AME GORDON, ANTHONY 203 LOOKOUT PLACE MATLAND FL THE ANTHONY, UNCOLN ANTHONY, UNCOLN ANTHONY, UNCOLN TREET ADDRESS 203 LOOKOUT PLACE ANTHONY, UNCOLN 204 LOOKOUT PLACE ANTHONY, UNCOLN 204 LOOKOUT PLACE ANTHONY, UNCOLN 205 LOOKOUT ANTHONY, UNCOLN 205 LOOKOUT ANTHONY, UNCOLN 205 LOOKOUT ANTHONY	Sk					Agent signature			07000
ITY-ST-ZIP MAITLAND FL 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP MAITLAND FL 1.5 STREET ADDRESS 1.4 CITY-ST-ZIP MAITLAND FL 1.5 STREET ADDRESS	INC. 51-ZIP MATLAND FL ITC ST ANTHONY, LINCOLN ANE ANTHONY, LINCOLN REET ADDRESS RET ADDRESS RIY- 51-ZIP MATLAND FL ITE ST ANTHONY, LINCOLN 23 STREET ADDRESS RIY- 51-ZIP MATLAND FL ITE ADDRESS RIY- 51-ZIP ITE ADDRE		P	***************************************			ITLF	ADDITIONS/GRANGES TO O		
INTY-ST-ZIP MATTLAND FL ST ANTHONY, UNCOLN AME ANTHONY, UNCOLN 23 STREET ADDRESS INTY-ST-ZIP MATTLAND FL DELETE DELETE DELETE 3 STREET ADDRESS STREET	INTY-ST-ZIP MATILAND FL INTE ST DELETE 2 1 TITLE									
ANTE ANTHONY, LINCOLN 203 LOOKOUT PLACE ITY-ST-ZIP MAITLAND FL DELETE 3 THILE 3 NAME 17 ST-ZIP TREE AME 18 STREET ADDRESS 17 ST-ZIP TREE AME 18 STREET ADDRESS 19 STREET A	ANTHONY, LINCOLN 203 LOOKOUT PLACE MATILAND FL THE THE THE THE THE THE THE TH			v a			-			
23 STREET ADDRESS 203 LOOKOUT PLACE 23 STREET ADDRESS 24 CITY-ST-ZIP MATTLAND FL Change Addit	AME INCET ADDRESS INY-ST-ZIP INTE AME INTEET ADDRESS INY-ST-ZIP INTEET ADDRESS INTEET ADRESS INTEET ADDRESS INTEET A			NI Ni	DELETE				L tha	nge 🔲 Addition
Addit	AME IREE! ADDRESS ITY-SI-ZIP TLE AME AME ASTREET ADDRESS ITY-SI-ZIP TLE AME ACITY-SI-ZIP TLE ACITY-SI-ZIP	1	203 LOOKOUT P	ACE				ANTHONY LINCOLN		
Addit	AME IREE! ADDRESS ITY-SI-ZIP TLE AME AME ASTREET ADDRESS ITY-SI-ZIP TLE AME ACITY-SI-ZIP TLE ACITY-SI-ZIP		MAITLAND FL		·			MAITLAND, FL		
	JAME TITE				DELETÉ				☐ Cha	nge 🔲 Addition
STATE STAT	AME AME AME AME AME AME ARET ADDRESS BIY-ST-ZIP TILE AME AME AME AME ARET ADDRESS BIY-ST-ZIP TILE AME AME AME AME AME AME AME BRET ADDRESS BY-ST-ZIP BLE BAME AME AME AME AME AME AME A									
DELETE	TILE AME AME AME AME ARET ADDRESS ITY-ST-ZIP TILE AME ARE DELETE DELETE DELETE 5 1 TILLE S 2 NAME 5 2 NAME FREET ADDRESS TY-ST-ZIP TILE AME AME ARET ADDRESS TY-ST-ZIP TILE AME ARET ADDRESS TY-ST-ZIP ALL AND ARET ADDRESS TY-ST-ZIP ALL ARET ADDRESS TY-ST-ZIP AL									
### ### ##############################	A STREET ADDRESS ATY-ST-ZIP ALE DELETE DELETE 5 1 TILLE S 2 NAME 5 2 NAME 5 3 STREET ADDRESS TY-ST-ZIP LE DELETE 6 1 TILLE G 2 NAME 6 3 STREET ADDRESS TY-ST-ZIP ALE ALE ALE ALE ALE ALE ALE AL	L€			DELETE	.,			Chai	nge
### ##################################	A 4 CITY-ST-ZIP TLE MME S 2 NAME 5 2 NAME 5 3 STREET ADDRESS TY-ST-ZIP LE DELETE DELETE 6 1 TITLE 6 2 NAME 62 NAME 63 STREET ADDRESS TY-ST-ZIP 4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida 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 oath; that I am an officer or decider of the compression of the reposition of the reposit					4 2 NA	ME		_	
	THE DELETE 5.1 THE GOVERNME MAKE REET ADDRESS TY-S1-ZIP THE DELETE 5.2 NAME 5.3 STREET ADDRESS TY-S1-ZIP THE DELETE 6.1 THE 6.2 NAME 6.3 STREET ADDRESS TY-S1-ZIP 6.4 CHY-S1-ZIP 6.4 CHY-S1-ZIP 6.4 CHY-S1-ZIP 6.5 STREET ADDRESS TY-S1-ZIP 6.6 DELETE 6.7 STREET ADDRESS TY-S1-ZIP 6.6 DELETE 6.7 STREET ADDRESS TY-S1-ZIP 6.7 CHY-S1-ZIP 6.8 CHY-S1-ZIP 6.9 CHY-S1-ZIP 6.9 CHY-S1-ZIP 6.1 DELETE 6.2 NAME 6.3 STREET ADDRESS TY-S1-ZIP 6.1 DELETE 7.2 STREET ADDRESS TY-S1-ZIP 6.2 NAME 6.3 STREET ADDRESS TY-S1-ZIP 6.3 STREET ADDRESS TY-S1-ZIP 6.4 DITY-S1-ZIP 6.4 DITY-S1-ZIP 6.5 THE TADDRESS TY-S1-ZIP 6.5 THE TADDRESS TY-S1-ZIP 6.6 THE TADDRESS TY-S1-ZIP 6.7 STREET ADDRESS TY-S1-ZIP 6.7 STREET ADDRESS TY-S1-ZIP 6.7 STREET ADDRESS TY-S1-ZIP 6.7 STREET ADDRESS TY-S1-ZIP 6.8 STREET ADDRESS TY-S1-ZIP 6.9 STREET ADDRESS TY-S1-ZIP 6.9 STREET ADDRESS TY-S1-ZIP 6.1 THE TADDRESS TY-S1-ZIP 6.4 CHY-S1-ZIP 6.4 CHY-S1-ZIP 6.5 THE TADDRESS TY-S1-ZIP 6.5 THE TADDRESS TY-S1-ZIP 6.6 THE TADDRESS TY-S1-ZIP 6.7	ľ				F				
S2 NAME	AME FREE1 ADDRESS TY-S1-ZIP TREE DELETE 6 1 TITLE 62 NAME 63 STREET ADDRESS TY-S1-ZIP 6 1 TITLE 64 DITY-S1-ZIP 6 1 TITLE 62 NAME 63 STREET ADDRESS TY-S1-ZIP 6 1 DELETE 6 2 NAME 63 STREET ADDRESS 64 DITY-S1-ZIP 64 DITY-S1-ZIP 65 TABLE 67 NAME 68 STREET ADDRESS 69 STREET ADDRESS TY-S1-ZIP 60 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida certify that I am an officer or depotate of the composition of the register of the treatment of the composition of the c	REET ADDRESS			DELETE				[7] 05-	
	TY-ST-ZIP TLE AME AME ARET ADDRESS TY-ST-ZIP 4. I do hereby certify that the information supplied with this filing is votuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida 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 oath; that I am an officer or depotar of the compression or the repoiser of the true and accurate and that my signature shall have the same legal effect.	REET ADDRESS Y-ST-ZIP			La comp		i			ide 🔲 yaditibil
TILE DELETE 5 TITLE Change Addition	THE DELETE 6 1 TITLE AME AME AME AME AME AME AME A	REET ADDRESS Y-ST-ZIP LE				5.3 STI	REET ADDRESS			
AME AME 62 NAME 63 STREET ADDRESS 1Y-ST-ZIP 4. I do hereby certify that the information supplied with the filter is solved with a control of the contro	AME AME AME AME AME ARET ADDRESS TY-SI-ZIP 4. I do hereby certify that the information supplied with this filing is votuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida certify that I am an officer or director of the comprehendal annual report is true and accurate and that my signature shall have the same legal effect oath; that I am an officer or director of the comprehendal annual report is true and accurate and that my signature shall have the same legal effect.	REET ADDRESS Y-ST-ZIP LE					. 1			
A. I do hereby certify that the information supplied with the filtre is solved with a state of the state of t	IREET ADDRESS 1Y-ST-ZIP 4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida certify that the information indicated on this annual report or supplier not an annual report is true and accurate and that my signature shall have the same legal effective that I am an officer or depoter of the compaction of the propiers of the transfer of the compaction of the same legal effective that I am an officer or depoter of the compaction of the propiers of the transfer of the compaction of the compact	REET ADDRESS Y-ST-ZIP LE WE REET ADDRESS Y-ST-ZIP				5.4 CI1	Y - ST - ZIP			
TY-ST-ZIP 4. I do hereby certify that the information supplied with the filtre is solved with the size of the state.	17-ST-ZIP 4. I do hereby certify that the information supplied with this filing is votuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida 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 oath; that I am an officer or decotor of the comprehier or the receiver or true and accurate and that my signature shall have the same legal effect.	Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE			☐ DELETE	6 1 TI	ILE		Chan	ge 🔲 Addition
4. I do hereby certify that the information supplied with this files is voluntable 6 with the property of the contract of the	4. Ido hereby certify that the information supplied with this filing is votuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida 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 effection, that I am an officer or director of the composition of the report is true and accurate and that my signature shall have the same legal effection.	XEET ADDRESS Y-ST-ZIP WE ME REET ADDRESS Y-ST-ZIP LE ME			DELETE	6 1 TH 62 NA	ILE ME		☐ Chan	ge 🔲 Addition
Certify that the information indicated on this angual report or currelessantal and the information indicated on this angual report or currelessantal	oath, that I am an officer or director of the compration of the receiver of the receiver of the property of th	REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP				6 1 111 62 NA 63 STE	ILE ME REET ADDRESS			
oath; that I am an officer or director of the corporation or the requirer or trusted entries and trust rife and trust rife signature shall have the same legal effect as if made und	appears in Book 12 of Book 13 of changed, or on an attrachment with an address.	REET ADDRESS Y-ST-ZIP LE WE REET ADDRESS Y-ST-ZIP LE ME LE	pertify that the information	a supplied with this fill	arcie volustariu 6 reie	6 1 TII 62 NA 63 STI 64 CII	ILE ME REET ADDRESS Y-ST-ZIP	ify for the exemption stated in Section 119		
MONATURE. No. 1 ()	SIGNATURE: CAME CONTROL ON A PRINTED NAME ON SIGNATURE AND TYPED OR PRINTED NAME ON SIGNATURE AND TYPED OR PRINTED NAME ON SIGNATURE OF DESCRIPTION Date Description	REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE LET ADDRESS Y-ST-ZIP . I do hereby coertify that the oath; that I are appears in Bi	m an officer or director of lock 12 or Block 13 if ch	f the comoration or the	ng is voluntarily furnis or supplemental annu	6 1 Till 62 NA 63 STF 64 Cit thed and call report is	ILE ME REET ADDRESS Y-ST-ZIP JOOS NOT QUA	orate and that my signature shall have the of this report as required by Chapter 607, F	9.07(3)(k), Florida St	atutes. I furliher

SIGNATURE: