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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name L06782 (1)

|  | is, inc.   |  |  |  |                         |                 |                        |                                     |
|--|--|--|--|--|-------------------------|-----------------|------------------------|-------------------------------------|
| Principal Place of Busi  | siness   | Mailing Address  |  | I I O BISANT BILL BASICA ANNO  | 18881 1911 <b>9</b> 110 |                 |                        | 81217 1947                          |
| 6 BRYON CLARK<br>1401 N DALE MABRY<br>FAMPA FL 33618   |  | TAMPA FL 33618-3809  | 11401 N. DALE MABRY HWY<br>TAMPA FL 33618-3809<br>US   |  |                         |                 |                        |                                     |
|  |  | U\$  |  |  | Qualified               |                 | of Last Re<br>/28/1995 |                                     |
| . Principal Place of E   | Business   | 2a. Mailing Address  |  | 4. FEI Number<br>59-2959802  |                         |                 |                        | ot Applicable                       |
|  |  | Suite, Apt. #, etc.  |  |  |                         |                 | \$8.75                 | Additional                          |
| Suite, Apt. #, etc.  |  | 27 Suite, Apt. #, etc.   |  | 5. Certificate of Status I   | Jesirea<br>             |                 | Fee F                  | equired                             |
| City & State   |  | City & State   |  | 6. Election Campaign Fi  | nancing                 |                 | 7                      | May Be                              |
| City & State   |  | 28   |  | Trust Fund Contribut   |                         |                 |                        | to Fees                             |
| Zip  | Country  | Zip  | Country  | This corporation has     Florida Statutes  | liability for in        | ntangible ta    | ax under s             | 199.032,                            |
|  | 25   | 29   | 30   | 10. Name and Address   |                         |                 | Agent                  |                                     |
| 9, 1   | Name and Address of Cur  | rrent Registered Agent   | 81 Name  |  |                         | . <del></del> - |                        |                                     |
|  |  |  | 1 1  | t Address (P.O. Box Number is No   | t Acceptabl             | le)             |                        |                                     |
| WILSON, CHAP   |  |  | 82 Street  | Address (P.O. Box Number is No   | n Acceptabl             |                 |                        |                                     |
| 16075 DAWN \   | :=   |  | 83   |  |                         |                 |                        |                                     |
| TAMPA FL 336   | 624  |  | 24 65  |  |                         |                 | 85 Zır                 | Code                                |
|  |  |  | 84 City  | corporation submits this statements board of directors. I hereby according       |                         | <u>FL</u>       | <b>-</b>   ``   `      |                                     |
| or registered age<br>familiar with, and  | d accept the boligations of, a   | Section 607.0505, Florida Statur   |  |  |                         | DATE            |                        |                                     |
| or registered age<br>familiar with, and<br>IGNATURE  | ire typed or printed name of registered  | agent and title if applicable  | (NOTE: Registered Agent signature  | e required when reinstating)  ADDITIONS/CHANG                                    | ES TO OFF               | ICERS AN        | D DIRECTO              | RS IN 12                            |
| or registered age familiar with, and sIGNATURE   | or expeed or printed name of registered OFFICERS   | Section 607.0505, Florida Statur   | (NOTE: Registered Agent signature  | e required when reinstating)  ADDITIONS/CHANG                                    | ES TO OFF               | ICERS AN        | D DIRECTO              | RS IN 12                            |
| or registered age familiar with, and signature.  Signature.  2.  DP  | or accept trie bullgations of, one typed or printed name of registered OFFICERS                | Section 607.0505, Florida Statul<br>agent and title if applicable<br>AND DIRECTORS | (NOTE: Registered Agent signature  | e required when reinstating)  ADDITIONS/CHANG                                    | ES TO OFF               | ICERS AN        | D DIRECTO              | PRS IN 12                           |
| or registered age familiar with, and iIGNATURE  2. IIIE DP  AME UNITED TO THE T  | or expeed or printed name of registered OFFICERS   | Section 607.0505, Florida Statul<br>agent and title if applicable<br>AND DIRECTORS | (NOTE: Registered Agent signature  13. 1. 1 TITLE  | e required when reinstating)  ADDITIONS/CHANG                                    | ES TO OFF               | ICERS AN        | D DIRECTO              | RS IN 12                            |
| or registered age familiar with, and ilGNATURE  Signature  2.  DILE  DP  MME  TREET ADDRESS  160   | or accept the boligations of, or typed or printed name of registered OFFICERS  LSON, CHARLES R | Section 607.0505, Florida Statur<br>agent and title if applicable<br>AND DIRECTORS | NOTE Registered Agent signature  13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SI-ZIP   | e required when reinstating)  ADDITIONS/CHANG                                    | ES TO OFF               | ICERS AN        | D DIRECTO              | ilibbA [_]                          |
| or registered age familiar with, and signature  2. Signature  1011 DP WILL  1011 ADDRESS 160  1011 STATE TADDRESS TAL  | or typed or printed name of registrated OFFICERS  DESIGN, CHARLES R  075 DAWN VIEW DR          | Section 607.0505, Florida Statul<br>agent and title if applicable<br>AND DIRECTORS | INOTE Registered Agent signature  13.  1.1 TiTLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE   | e required when reinstatings  ADDITIONS/CHANG  PWILSON, Chang                    | ES TO OFF               | ICERS AN        | Change                 | Additio                             |
| or registered age familiar with, and signature  2. Signature  1. INLE DP WILL ITREET ADDRESS 16C TAL   | or typed or printed name of registrated OFFICERS  DESIGN, CHARLES R  075 DAWN VIEW DR          | Section 607.0505, Florida Statur<br>agent and title if applicable<br>AND DIRECTORS | INOTE Registered Agent signature  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME   | Pwilson, Chams 4709 River to Tampa, FL   | ES TO OFF               | ICERS AN        | Change                 | Additio                             |
| or registered age familiar with, and signature  2. Signature  INTE DP WILL  INTEGRAT ADDRESS 16C  INTEGRAT ADDRESS TAL  INTEGRAT ADD | or typed or printed name of registrated OFFICERS  DESIGN, CHARLES R  075 DAWN VIEW DR          | Section 607.0505, Florida Statur<br>agent and title if applicable<br>AND DIRECTORS | INOTE Registered Agent signature  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS  | Pwilson, Chams 4709 River to Tampa, FL   | ES TO OFF               | ICERS AN        | Change                 | Additio                             |
| or registered age familiar with, and ildnature.  2.  IIILE DP WILL TREET ADDRESS 186 TALL IIILE LAME.  IIILE LAME TALL IIILE LAME.  STREET ADDRESS CHY-SI-ZIP  | or typed or printed name of registrated OFFICERS  DESIGN, CHARLES R  075 DAWN VIEW DR          | agent and title if applicable  AND DIRECTORS  DELETE                               | INOTE Registered Agent signature  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME   | Pwilson, Chams 4709 River to Tampa, FL   | ES TO OFF               | ICERS AN        | Change                 | ☐ Additio                           |
| or registered age familiar with, and signature.  2. Signature.  III.E DP WILL  ITREET ADDRESS 160  ITREET ADDRESS TALITIEE  III.E ITREET ADDRESS CHY-SI-ZIP  III.E ITREET ADDRESS CHY-SI-ZIP  III.E ITREET ADDRESS CHY-SI-ZIP  | or typed or printed name of registrated OFFICERS  DESIGN, CHARLES R  075 DAWN VIEW DR          | Section 607.0505, Florida Statur<br>agent and title if applicable<br>AND DIRECTORS | INOTE Registered Agent signature  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  | Pwilson, Chams 4709 River to Tampa, FL   | ES TO OFF               | ICERS AN        | Change □ Change        | ☐ Additio                           |
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| or registered age familiar with, and signature.  2. Signature.  III.E DP WILL  ITREET ADDRESS 16C  ITILE IAME  ITI | or typed or printed name of registrated OFFICERS  DESIGN, CHARLES R  075 DAWN VIEW DR          | agent and title if applicable  AND DIRECTORS  DELETE                               | ## 13.  1 1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-SI-ZIP  2 1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-SI-ZIP  3.1 TITLE  3.2 NAME  3.3. STREET ADDRESS   | PWILSON, Charles 4709 RIVER HTAMPA, FC   | ES TO OFF               | ICERS AN        | Change □ Change        | Addition Addition                   |
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| or registered age familiar with, and signature  2. The plame of the pl | or typed or printed name of registrated OFFICERS  DESIGN, CHARLES R  075 DAWN VIEW DR          | agent and title if applicable  AND DIRECTORS  DELETE                               | 13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS  | Pwilsow, Charastange ADDITIONS/CHANGE Pwilsow, Charastange ATOG RIVER HTAMPA, FL | ES TO OFF               | ICERS AN        | ☐ Change ☐ Change      | Addition Addition                   |
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| or registered age tamiliar with, and signature  12.  TILE  TILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | or typed or printed name of registrated OFFICERS  DESIGN, CHARLES R  075 DAWN VIEW DR          | agent and title if applicable  AND DIRECTORS  DELETE  DELETE  DELETE               | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 6.1 TITLE  | PWILSON, Charles 4709 RIVET HTAMPA, FL   | ES TO OFF               | ICERS AN        | Change  Change  Change | Addition Addition Addition Addition |

Wash Charles P.Wilson 4-22-96
FOR SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)