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

DOCUI 1. Corporation	MENT # L15161	(7)			
,	ASSOCIATES, INC.	• •		4 (BA) Bro dhe state desde state desse desse	166: 6:6:: 186: 6:8:: 8:8:: 8:8:: 188:
Principal Place	e of Business	Mailing Address		E DESTRUCTION CASE VIEW HAND CANNOT AND A	BINN ONNI MINN ONNI BIRIC ANDII INDI
% BILLIE S. FARMER % BILLIE S. FARMER					
PO BOX 7 PO BOX 7 WIMAUMA FL 33598-0007		7			
THE TOTAL TE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	 Date Incorporated or Qualified 09/06/1989 	3a. Date of Last Report 04/18/1996
h	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	Al	26 Suite Ant # 212		59-2965498	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	·	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has flability for in	
24	25	29	30		Yes D No
	9. Name and Address of Curren	t Hegistered Agent	81 Name	10. Name and Address of New Rec	listered Agent
	IMER, BILLIE S.		VI Namb		
				dress (P.O. Box Number is Not Acceptable	е)
PO BOX 7 WIMAUMA FL 33598					
TPHM	INUMA PL 33380				
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	ites, the above-named co	rporation submits this statement for the pr	irpose of changing its registered
office or n agent La	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607,0505, F	authorized by the corpor forida Statutes.	rporation submits this statement for the pu ation's board of directors. I hereby accep	I the appointment as registered
SIGNATURE			*	•	
	Signature: typed or printed name of registered age		OTE: Registered Agent signature rec	·	DATE
12.	OFFICERS AND	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	
TiTLE	DPS Farmer, Billie S.	☐ DETELE	1.1 TITLE		Change Addition
NAME .	805 LAKE VIEW DR		1.2 NAME		ļ
STREET ADDRESS	WIMAUMA FL		1.3 STREET ADDRESS		
CITY-S1-ZIP TITLE	DV	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	FARMER, HENRY T.		2.2 NAME		
STREET ADORESS	805 LAKE VIEW DR		2.3 STREET ADDRESS		
CITY-ST-ZIF	WIMAUMA FL		2 4 CITY-ST-ZIP		
TifLE	1 May	DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		1
CITY-ST 7IP	·	Dever	3.4. CITY-ST-ZIP		Chance
1 ITLE		DELETE	4.1 TITLE		Change Addition
NAME DEVICE			4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS		ļ
1014 ST-209		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHTY - ST - ZIP			5.4 CITY-ST-ZIP		ł
TITLE	,	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAMÉ			62 NAME		
STREET ADDRESS	i.		6.3 STREET ADDRESS		

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 oath, 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.

813-634-1448

FILED

Apr 29 1997 8:00am

Secretary of State