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PROFI1 CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

**DIVISION OF CORPORATIONS** 

1996

**DOCUMENT #** 

(0)

	Baugh Properties, in	IC.			
Principal Place of Business  % H W STAMBAUGH 1606 ARIANA BLV0 AUBURNDALE FL 33823		Mailing Address % Robert J St Po Box 9498 Winter Haven			
US		US		<ol> <li>Date Incorporated or Qualified 10/24/1989</li> </ol>	3a. Date of Last Report 03/02/1995
<b>2.</b> Principa! Plac	ce of Business	2a. Mailing Address 26		4. FEI Number 59-2976480	Applied For
!1	, etc.	Suite, Apt. #, etc			Not Applicable \$8.75 Additional
2]	· · · - · · <del>- · · · · · · · · · · · · ·</del>	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3  	Country	28 Zip	Country	Trust Fund Contribution     This corporation has liability for in	Added to rees
i]	25	29	30	Florida Statutes Yes	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Ro	egistered Agent
CTAND	AUGU DODERT I		81 Name		
STAMBAUGH, ROBERT J 99 6TH STR SW WINTER HAVEN FL 33880			82 Street Add	dress (P.O. Box Number is Not Acceptable	e)
			83		
			84 City		FL 85 Zip Code
1. Pursuant to	the provisions of Sections 607.050	02 and 607.1508, Florida Sta	atutes, the above-named corpo	oration submits this statement for the purp	page of changing its registered offic
— OF registered	d agent, or both, in the State of Flo , and accept the obligations of, Sec	onda. Such change was auth	onzed by the corooration's box	ard of directors. I hereby accept the appo	ointment as registered agent. I am
Retrough Asign	, and accept the obligations of, see	ction our obos, nonda statt			
			,		
GNATURE.	lynature, types or printed name of registures age	ort and tile if applicable	(NOTE Registered Agent signature require	ed when reinstating)	DATE
IGNATURE. si <b>2.</b>	OFFICERS A	ND DIRECTORS		ed when reinstatings ADDITIONS/CHANGES TO OFFI	
SIGNATURE. SI 2.	DST OFFICERS A	ND DIRECTORS	(NOTE Registered Agent signature requirements)  13. 1 1 TiTLE		
IGNATURE. SI  2. ILE	DST OFFICERS AT STAMBAUGH, HANNAH V	ND DIRECTORS	(NOTE Registered Agent signature requirements)  13. 1 1 TITLE 12 NAME		CERS AND DIRECTORS IN 12
IGNATUFIE.  SI  2.  ILF  MME  REEL ADDRESS	DST OFFICERS A	ND DIRECTORS	(NOTE Registered Agent signature requirement of the state		CERS AND DIRECTORS IN 12
SIGNATURIE. SI 2. ILIF AME PREEL ADDRESS	DST STAMBAUGH, HANNAH V P.O. BOX 275 N/A	ND DIRECTORS  DELETE  N.	(NOTE Registered Agent signature requirements)  13.  1 1 TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP		CERS AND DIRECTORS IN 12  Change Addition
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SIGNATURE: