FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT

STREET ADDRESS

SIGNATURE



FLORIDA DEPARTMENT OF STATE

ANNUA	DRATION L REPORT	Sandra B N Secretary DIVISION OF CC	of State		
DOCUM 1. Corporation Na PHOCOI	ame	60 (8)		I RECUENT AND ANN SIGN FAME AN	ni ddin dibli dibli didik dibli didik dibli dibli didi
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Principal Place of	Business	Mailing Andress		t id beider man tilen arber duten art	it Sait Sibit Atlan Sibit Sibit Sibit Sabit 1881.
652 LAKE DRIV		652 LAKE DRIVE S.W. LITHONIA GA 30058			
LINUNIA VA	******			3. Date Incorporated or Qualified 12/01/1989	3a. Date of Last Report 07/21/1995
2. Principal Place	e of Business	2a. Mailing Address 26 4723 PINFIS	-11-5 W	4. FEI Number 59-2982196	Applied For Not Applicable
Suite, Apt. #,	PINFIEH CT.S.W etc.	Suite, Apt. #, etc.	WC. O.W.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
	Sprines te.	28 BONITA SPA	Crountry	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
Zip 24 3392	Gountry 25 LEE	29 33923	30 LEE	Florida Statutes 🔲 Ye	s ∏No
4 3370	9. Name and Address of Curre			10. Name and Address of New PICHARD E. MU.	
11. Pursuant to or register familia with SIGNATURE	the provisions of Sections 607 on a agent or both, in the State of Sec , and accept the obligations of Sec	2 and 607,150°, Florida Statutes inda, Sucley ha jae was authorized othon 60/jugas filorida Statu	the above named corp. The process of the corporation is be Recommendation of the corporation of the corpor	OFFICE STATES AND STAT	DIATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO O	FICERS AND DIRECTORS IN 12 Change Addition
TITLE	PD	☐ DELETE	1 1 THUE 1 2 NAME		• •
NAME	MURDOCK, RICHARD E. 652 LAKE DRIVE S.W.		1.3 STREET ADDRESS	4728 PINFISH	ST. S.W.
STREET ADDRESS CITY - ST - ZIP	LITHONIA GA 30058		1.4 CITY - ST - ZIP	4728 PINFISH (BONITA SPRING	C, FL 33723
TIFLE	STD	☐ DELETE	2 1 TITLE	₹	Change Addition
NAME	MURDOCK, PAULA A.		2.2 NAME	4723 PINFISH SONITH SPANGS	Pt S. W.
STREET ADDRESS	652 LAKE DRIVE S.W.		2.3 STREET ADDRESS 2.4 CHY-ST-ZIP	Traver Spanes	FL. 33423
CHY-ST-ZIP	LITHONIA GA 30058	☐ DELETE	3 1 li'iF	LAX LA THE OF PERSONS	Change Addition
TITLE		U	3.2 NAME		
NAME STREET ADDRESS			3.3 STHEET ADDRESS		
CITY-ST-ZIP			3.4 C/TY - ST - Z(F		Change Addition
TITLE		☐ DELETE	4 STITLE		D charge LI voorie
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 GITY - ST - ZIF 5.1 TITUE		Change Additio
TIFLE			5.2 NAME		
NAME OXDECT ADDRESS			53 STREET ADORESS		
STREET ADDRESS			54 CITY - \$1 - ZIF		
CITY - ST - ZIP TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME.			6.2 NAME		
			6.3 STREET ADDRESS		

6.4 CITY - ST - 719

Sychanged of of an attack ment with an address.

LULLI LANGE TO SEE OF LANGE F. MULSO CLC.

ENE AND OFFICE OR DIRECTOR

14. 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 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 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 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 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 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 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 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 under the certific that the information indicated in the same legal effect as if under the certific that the information indicated in the same legal effect as if under the certific that the information indicated in the same legal effect as if under the certific that the information indicated in the same legal effect as if under the certific that the information indicated in the same legal effect as if under the certific that the information indicated in the same legal effect as if under the certific that the information indicated in the certific that the information i