## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION** ANNUAL REPORT

1997



## FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Sep 18 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1. Corporation		# L3669 SES OF PLANT C		(2) Ic.							
Principal Place of Business				Mailing Address				-{			
1601 N. WHEELER STREET				1601 N. WHEELER STREET							
PLANT CITY FL 33586				PLANT CITY FL 33568							
								DO NOT WRITE	IN THIS	SPACE	
								3. Date Incorporated or Qualified	3a. D	Date of Last F	leport
								12/15/1989	0	8/07/1996	<u>}</u>
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		<del></del>	pplied For
Suite, Apt. #, etc.			26	Suite, Apt. #, etc.				59-2983528			ot Applicable
22			07	27				5. Certificate of Status Desired			Additional
City & State			27	City & State			6 Startion Compaign Signature			equired	
23			28	28				Election Campaign Financing     Trust Fund Contribution	П		May Be to Fees
Zip		Country		Zip	Count	ry		8. This corporation owes or has pa			
24	25		29			¬ ′		Personal Property Tax due June 30. Yes No			
	9, Name	and Address of Curre	nt Regis	tered Agent				10. Name and Address of New Re			
Al	<b>JSBOURNE</b>	, ROBERT M			8	1	Name				
5206 FIVE ACRES ROAD							Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
PLANT CITY FL 33566											
					8	3					
					8	4	City			<b>85</b> Zip	Code
						ı	•		FL	_     '	
office of agent. I a	ann iammar w	ent, or both, in the State th, and accept the oblig or printed name of registered ac	janons o	, Section 607.0505, Fit	onda Statul	es.		oration submits this statement for the pon's board of directors. I hereby accept dwhen renstating)	the app	if changing it pointment as	registered
12.		OFFICERS AN	ND DIREC		13.			ADDITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTOR	IS IN 12
TITLE	PD			☐ DELETE	1.1 TOTLE					Change	☐ Addition
NAME		URNE, ROBERT M			1.2 NAMI						
STREET ADDRESS		VE ACRES			1.3 STRE	ET A	ADDRESS				
CITY-ST-ZIP	PLANI	CITY FL			1.4 CITY		- ZIP				·
TITLE				DELETE	2.1 TITLE					Change	■ Addition
NAME					2.2 NAME						
STREET ADDRESS					2.3 STRE						
CITY-ST-ZIP TITLE			-	DELETE	2. 4 CITY	_	- ZIP			TT 05	Addition
NAME				C pretric	3.1 TITLE				. 5	☐ Change	Addition
STREET ADDRESS					3.2 NAME		IDDDC00				
CITY-ST-ZIP					3.3 STRE		i				
TITLE				☐ DELETE	3.4. CITY 4.1 TITLE	- 31	-2#			Change	Addition
NAME					4. 2 NAM	F					Addition
STREET ADDRESS					4.3 STHE		indress				
CITY-ST-ZIP					4.4 CITY-						
TITLE				DELETE	5.1 TITLE	-	211			Change	☐ Addition
NAME					5.2 NAME						
STREET ADDRESS					5.3 STREE		DDRESS				
CITY-ST-ZIP					5.4 CITY-						
TITLE				DELETE	6.1 TITLE	<u></u>				Change	Addition
KAME					6.2 NAME					·	
STREET ADDRESS					6.3 STREE	T AI	.DDRESS				
CITY_ST_7IP					0.40000						

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 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 this corporation of 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 refal god duyor an attachment with an address.

(813) 986-3799