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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUM 1. Corporation N		0 (1)			H 8011 81811 81811 81811 81811 81811 81811 81811
Principa Place o	of Business	Mailing Address			
% CLARENCE J. JESSUP. III 762 BIG TREE DR., #108 LONGWOOD FL 0		% CLARENCE J. JESSUP. III 762 BIG TREE DR SUITE 108 LONGWOOD FL 32750			
US		US		<ol> <li>Date Incorporated or Qualified</li> <li>03/06/1990</li> </ol>	3a. Date of Last Report 01/17/1995
2. Principal Plac	ce of Business	2a. Mulling Address		4. FEI Number 59-3024939	Applied For
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional
2		27			Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zp	Country	8. This corporation has liability for in	ntangible tax under s 199.032,
24	25 9. Name and Address of Current	29 Registered Agent	30	Florida Statutes Yes  10. Name and Address of New Re	□ No egistered Agent
			81 Name		
	P, CLARENCE J., III		82 Street Addr	ess (P.O. Box Number is Not Acceptabl	e)
	G TREE DR, #108 700D FL 32750		83		
LUNGW	1000 PL 32/30				
			64 City		FL 85 Zip Code
SIGNATURE	gnative typed or pented name, of rejection layer the OFFICERS AND	DIRECTORS	O't. Projectered Agend signed, reinspare.	isser resisting. ADDITIONS/CHANGES TO OFFI	
THLE	D Jessup, Clarence J., III	☐ DEFELF	1 1 TIFLE		Change Addition
NAME STREET ADDRESS	762 BIG TREE DR., #108		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		1.4 City - St - ZiP		
TITLE	V	□ DELETE	2 1 TITLE		Change Addition
NAME	UNSWORTH, JAMES H. 762 BIG TREE DR, #108		2.2 NAME		
STREET ADDRESS City-ST-Zip	LONGWOOD FL		2.3 STREET ADDRESS 2.4 C(TY+ST+Z)P		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADORESS		
CHY-ST-ZIP TITLE		DELETE	3.4 CHY - ST ZIP		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		•
CITY - ST - ZIP		E) bridge	4 4 C1 Y - ST - ZIF		Chones Cladities
TITLE		☐ DEFELE	5 1 TIPLE 52 NAME		Change Addition
NAME STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 1)TLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIF	certify that the information supplied w	to this filma is voluntarily for	6 4 City - ST - ZiP	or the exemption stated in Section 119.	07/3)(k) Florida Statutes 1 further
certify that t	the information indicated on this annua	il report or supplemental an ation or the receiver or trust	nual report is true and accura se empowered to execute the	ate and that my signature shall have the s report as required by Chapter 607, Fk	same legal effect as if made under

SIGNATURE: \( \)

SQUATURE AND THE OR PRINTED NOTE OF SIGNING OFFICER OR DIRECTOR

3-8-96 407 332-7574 Castroic Phone #