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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

| 1996 |
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| | ish reg. Land Survey | ORS, IN | (U) ic. | | | | | | |
|--|---|---------------------------------------|--|--|--|---|-------------|-------------------------------|------------------------------|
| Principal Place of Business 305 S MAIN ST PO BOX 310 TRENTON FL 32693 | | Ma | Mailing Address 305 S MAIN ST PO BOX 310 TRENTON FL 32693 | | | | | | |
| menton | L SECON | | INCHION PE 32033 | | | 3. Date Incorporated or Qualified 01/01/1988 | | e of Last F 05/01/1 | |
| Principal Pla | ace of Business | | Mailing Address | | | 4. FEI Number 59-2885104 | | | Applied For |
| Suite, Apt. # | etc. | 26 | Suite, Apt. #, etc. | c · + | | 38 2003 104 | | | Not Applicable |
| 22 | • | 27 | 00.00, 1 4.1. 11, 010. | | | 5. Certificate of Status Desired | | , | Additional Required |
| City & State | | | City & State | | | 6. Election Campaign Financing | | | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | | d to Fees |
| Zip | Country | | Zip | Country | f | 8. This corporation has liability for i | | ax under s | 199.032, |
| 24 | 9. Name and Address of Curr | ent Regist | ered Agent | [30] | | Florida Statutes Yes 10. Name and Address of New R | □ No | A | |
| | 0, 114110 211 1141000 01 0011 | · · · · · · · · · · · · · · · · · · · | orea rigent | 81 | Name | TO, Italiae and Address of New H | egistered | Agent | • |
| BURT, 1 | THEODORE M. | | | 90 | Carrie de | fig. Sto. No. 1 - 1 - 1 - 1 | | | |
| | RTHEAST FIRST STREET | | | 82 | Street Adi | dress (P.O. Box Number is Not Acceptab | ie) | | |
| TRENTO | ON FL 32693 | | | 83 | | | | | |
| | | | | 84 | City | | | 05 7 | p Code |
| | | | | | | | FL | _ | • |
| 11. Pursuant to or registers | o the provisions of Sections 607.05 ad agent, or both, in the State of Flo | 02 and 607 orida. Such | '.1508, Florida Statute change was authorize | es, the above-i ed by the core | named corpo oration's bo | oration submits this statement for the pur ard of directors. Thereby accept the appo | pose of cha | anging its r | registered office |
| familiar w·th | n, and accept the obligations of, Se | ction 607.0 | 0505, Florida Statules | | | a a or a coloro. Thoraby hopepy the appe | жинон до | registered | agoni. ram |
| SIGNATURE | Bignature, typed or printed name of registered ag | cat and the de | and able to the state of the st | YC 5) | 11 1 | red when two statings | | | |
| 12. | OFFICERS A | | | 13. | is significate to the | ADDITIONS/CHANGES TO OFFI | CERS AND |) DIRECTO | DES IN: 12 |
| TITLE | Р | | DELETE | 1 1 THTLE | | | | Charige | Addition |
| NAME | Parrish, ronald e | | | 1.2 NAME | | | | | |
| STREET ADDRESS | 305 SOUTH MAIN ST. | | | 1.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | TRENTON FL | | | | ribentess | | | | |
| TITLE | | | | 1.4 D/TY - S | | | | | |
| | TS DADDICH DADDADA I | | DELFTE | 2. 1 TiTLE | | | | Change | Addition |
| NAME | PARRISH, BARBARA J | , | DELETE | 2.1 TiTLE 2.2 NAME | 5T - 7IP | | | Change | Addition |
| NAME STREET ADDRESS | PARRISH, BARBARA J 305 SOUTH MAIN ST. | | DELETE | 2.1 TiTLE 2.2 NAME 2.3 STREET | ADDRESS | | | Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | PARRISH, BARBARA J | | | 2.1 Title 2.2 NAME 2.3 STREET 2.4 City - S | ADDRESS | | | | |
| NAME STREET ADDRESS | PARRISH, BARBARA J 305 SOUTH MAIN ST. | | ☐ DELETE | 2.1 Title 2.2 NAME 2.3 STREET 2.4 City - S 3.1 Title | ADDRESS | | | Change | Addition Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | PARRISH, BARBARA J 305 SOUTH MAIN ST. | | | 2.1 Title 2.2 NAME 2.3 STREET 2.4 CHY-S 3.1 THLE 3.2 NAME | ST-ZIP ADDRESS 11-ZIP | | | | |
| NAME STREFT ADDRESS CITY-ST-ZIP TITLE NAME | PARRISH, BARBARA J 305 SOUTH MAIN ST. | | | 2.1 Title 2.2 NAME 2.3 STREET 2.4 City - S 3.1 Title 3.2 NAME 3.3. STREET | ADDRESS 11-ZIP ADDRESS ADDRESS | | | | |
| NAME STREFT ADDRESS CITY-ST-ZIP TITLE NAME STREFT ADDRESS | PARRISH, BARBARA J 305 SOUTH MAIN ST. | | | 2.1 Title 2.2 NAME 2.3 STREET 2.4 CHY-S 3.1 THLE 3.2 NAME | ADDRESS 11-ZIP ADDRESS ADDRESS | | [| | |
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SIGNATURE: Ronald E. Parrish, President 352-463-2938 AME OF SIGNING OFFICER OR DIRECTOR