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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham

Socretary of State

1006

1	996	No.	DIVISION OF CORPORATIONS						
DOCUM 1. Corporation f		M80834	(8)						
		SUPPORT, INC.							***** ********************************
Principal Place o	of Business	N	lailing Address				i bibi bibi) b		EIOAI OAOIA IODA
3609 VENTURA DR W			105 RIPLEY STATION RD						
LAKELAND F	L 33811		COLUMBIA SC 29212-1227	,		Date Incorporated or Qualified	3a Dat	e of Last Re	nort
						05/13/1988	1	04/20/199	
2. Principal Plac	ce of Business	⊢ .−₁	Mailing Address			4. FEI Number		⊢	oplied For
1 Suite, Apt. #.		26	Suite, Apt. #, etc.			59-2895035			lot Applicable Additional
2	, 000	27	Od 10, 740.			5. Certificate of Status Desired			Required
City & State		22	City & State			Election Campaign Financing Trust Fund Contribution			May Be
2g)	Cc	28 ountry	Z _I p	Country		8. This corporation has liability for			to Fees 199.032,
4	25	29	30]		Florida Statutes Yes	₩ No		
	9. Name and A	ddress of Current Regi	stered Agent	81	Name	10. Name and Address of New F	legistered	Agent	
WILKINS	SON, BRUCE W			82		ress (P.O. Box Number is Not Acceptab			
	UNN HIGHWAY,				Street Add	1635 (F.O. DOX Marrida 15 NOT NOODPIAL			
TAMPA	FL 33624			83					
				84	City		FI	85 Zip	Code
11. Pursuant to	the provisions of	Sections 607,0502 and 6	07.1508, Florida Statutes, t	he above r	named corpo	ration submits this statement for the pu	nose of cl	nanging its re	egistered offic
or registere familiar with	od agent, or both, ii h, and accept the c	n the State of Florida, Sud obligations of, Section 607	en change was authorized b 7.0505, Florida Statutes.	y the corp	oration's boa	ird of directors. I hereby accept the app	omment a	is registered	аделі. тапт
SIGNATURE .	El cultura de la constad	non nio ⁵ registered agent and little	t annihoutrie (NOTE R	anistered Acor	it sanature recydre	ad when renistating)	DATE		
12.	arg rations, type of the free	OFFICERS AND DIRE		13.	t agriculture receptive	ADDITIONS/CHANGES TO OFF		ID DIRECTO	
tore:	DP		DEFETE	1 1 TITLE				Change	Addition
MAM-	COOK, LARI	ry T. Station RD	i	1.2 NAME 1.3 STREET	ADDOCCC				
STREET ADDRESS City St. ZP		SC 29212-1227		1.3 STREET					
10:1	STV		DELETE	2 1 TITLE				Change	Addition
NAME	COOK, PAM			2 2 NAME					
SHEET ADDRESS		Station RD SC 29212-1227		23 STREET 24 CHY-5					
CHY+S1+7Iff THE	COLOMBIA	00 282 12 12E1	DELETE	3 1 TITLE	31-211			Change	Addition
NAME				3.2 NAME					
STREET ADDRESS					I ADDRESS				
007 - S1, 7() 101.£			DELETE	34 CITY - S 4 1 TITLE	ST - ZIP			Change	Addition
NAMI				4.2 NAME					_
STREET ADOPESS				4.3 STREE	1 ADORESS				
CHY SLIZE			DELEJE	4.4 CITY - 1	SI - ZIP			Change	☐ Addition
1 ILF NAME				5 1 TITLE 5 2 NAME				[_] Change	☐ Madition
STREE - ACCRESS					T ADDRESS				
CHT - ST- ZIP				5.4 CHY-	ST-71P				
TIFLE			DELETE	6 1 THE				☐ Change	☐ Addition
AME Charles Manager				62 NAME	I ADORESS				
STREET ADDRESS ClineST-Ziff				6 4 CITY-					
14. I do hereb	y certify that the in	formation supplied with th	nis filing is voluntarily furnish			for the exemption stated in Section 119	9.07(3)(k), I	Florida Statu	tes. 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 cath; that I am an officer or director of the corporation or 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 Book 13 if changed, or one attachment with an address.

903-78I-4195
903-78I-4195
903-749-2173

PRESIDENT

1/31/96