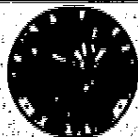


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/19/1986	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0021825	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business		Mailing Address	
3436 BROOKRIDGE LN PARRISH FL 34219 US		3436 BROOKRIDGE LN PARRISH FL 34219 US	
2. Principal Place of Business	2a. Mailing Address	2b. Principal Place of Business	2c. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	22 City & State	27 City & State
23 Zip	28 Country	24 Zip	29 Country
25	30	25	30

9. Name and Address of Current Registered Agent

SNOW, KENNETH
3409 BROOKRIDGE LN
PARRISH FL 34219

10. Name and Address of New Registered Agent

81 Name Lemnitzer, Jane - T
82 Street Address (P.O. Box Number is Not Acceptable) 3436 Brookridge Lane
83
84 City Parrish
85 Zip Code FL 34219

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Lemnitzer, Jane - T *Jane Lemnitzer* **4-18-95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LIDON, AL 3429 BROOKRIDGE LN PARRISH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STEIN, JAMES 3405 BROOKRIDGE LN PARRISH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LEMNITZER, JANE 3436 BROOKRIDGE LN PARRISH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BROWN, DAVID 3416 BROOKRIDGE LN PARRISH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CURRIE, RHEA 3406 BROOKRIDGE LN PARRISH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD Robert Manner 3440 Brookridge Ln Parrish, FL	☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	SD Lidon, Al 3429 Brookridge Ln Parrish, FL	☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	V Henry Bryant 3432 Brookridge Ln Parrish, FL	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	V Robert Mantell 3425 Brookridge Ln Parrish, FL	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		☐ Change ☐ Addition

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 110.07(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 oath; that I am an officer or director of the corporation or the resolver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jane Lemnitzer *Jane Lemnitzer* **4-18-95 - 813-776-2430**
Signature and typed or printed name of signing officer or director Date Daytime Phone #