	FILE	NOW: FILING F	EE IS \$61.25		ŀ	FILED	
				TMENT OF STATE	Feb 26	1997 8:00an	
CORPORATION ANNUAL REPORT		Sandra B. Mo Secretary of		,	Secret	Secretary of State	
	1997		DIVISION OF C	ORPORATIONS		lary of State	
DOCUN I. Corporation	NENT #	N44989	(4)				
GLEN S	st. Mary Fif	IEMAN'S ASSOCIAT	ion, inc.		T TETRINEL EN KLEIK KIRK (KIR) TE	IN HAL MHAH BIRII ATAN MIBH BANN BIRII INA	
Principal Place	of Business	Ma	iling Address				
rincipal Place of Business		P.O. BOX 723					
BLEN ST MARY	r FL 32040	GLE US	IN ST. MARY FL 32040-	0723	 Date incorporated or Qualified 	3a, Date of Last Report	
Dringing D	ace of Business		Mailing Address		3. Date Incorporated or Qualified 08/30/1991 4. FEI Number		
<u>.</u>		26			59-3126824	Applied For Not Applicable	
Su:te, Apt. #		27	Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required	
City & State)	28	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 4	25	ountry	Zip	Country 30	 This corporation has liability for Florida Statutes 	or intangible tax under s. 199.032,	
		Address of Current Regist	ered Agent	81 Name	10. Name and Address of New I	Registered Agent	
	, EUGENE				ddress (P.O. Box Number is Not Accept	able)	
	dx 5580 Rufus T Mary FL 320			83			
				84 City		B5 Zip Code	
11. Pursuant t	to the provisions o	Sections 617.0502 and 61	7.1508, Florida Statute		corporation submits this statement for the		
					corporation submits this statement for the oration's board of directors. I hereby acc		
SIGNATURE _		ed name of registered agent and litle i	I applicable. (NOTI	es, the above-named o authorized by the corp prida Statutes. E Registere Agent signature o	required when reinstating)	PL	
SIGNATURE _	Signature, typed or print	ed name of registered agent and tille i OFFICERS AND DIREC	I applicable. (NOTI	es, the above-named d authorized by the corp prida Statutes. E: Registere Agent signature 1 13.	ADDITIONS/CHANGES TO OF	PL e purpose of changing its registered cept the appointment as registered	
SIGNATURE	Signature, typed or print DV BASSIL, DAV	ad name of registered agent and life i OFFICERS AND DIREC	I applicable. (NOTI	es, the above-named of authorized by the corp yrida Statutes. E: Registere Agent signature 13. 1.1 TI E 1.2 No FE	ADDITIONS/CHANGES TO OFI	PL B purpose of changing its registered cept the appointment as registered DATE FICERS AND DIRECTORS IN 12	
SIGNATURE	DV DV BASSIL, DAV RT. 1 BOX 6 MACCLENNY	ed name of registered agent and title I OFFICERS AND DIREC 1D 99 N/A	I applicable. (NOTI CTORS CLEETE	es, the above-named d authorized by the corp prida Statutes. E Registere Agent signature of 13. 1.1 TI E 1.2 N 1E 1.3 ST EY ADORESS 1.4 CI (-ST-ZIP	ADDITIONS/CHANGES TO OF	Purpose of changing its registered cept the appointment as registered DATE FICERS AND DIRECTORS IN 12 Change Addition	
SIGNATURE	Signature, typed or print DV BASSIL, DAV RT. 1 BOX 6 MACCLENNY DP	ed name of registered agent and tile (OFFICERS AND DIREC 1D 99 N/A 7 FL 32063	I applicable. (NOTI	es, the above-named of authorized by the corp prida Statutes. E Repisiere Agent signature 13. 1.1 TI E 12 N 1E 1.3 ST EY ADDRESS	ADDITIONS/CHANGES TO OF DP Oliver Anderson PO Box III2 NA	Purpose of changing its registered cept the appointment as registered DATE FICERS AND DIRECTORS IN 12 Change X Addition	
SIGNATURE	Signature: typed or print DV BASSIL, DAV RT. 1 BOX 6 MACCLENNY DP HARVEY, EU RT. 1, BOX 5	ed name of registered agent and tille i OFFICERS AND DIREC 1D 99 N/A 7 FL 32063 GENE 1580	I applicable. (NOTI CTORS CLEETE	es, the above-named d authorized by the corp yrida Statutes. E Registere Agent signature 13. 1.1 TT E 1.2 N /E 1.3 ST EET ADDRESS 1.4 CT -ST-ZIP 2.1 TT E 2.2 N /E 2.3 ST ET ADDRESS	ADDITIONS/CHANGES TO OF DP Oliver Anderson PO Box III2 NA	Purpose of changing its registered cept the appointment as registered DATE FICERS AND DIRECTORS IN 12 Change Addition	
SIGNATURE	Signature: typed or print DV BASSIL, DAV RT. 1 BOX 6 MACCLENNY DP HARVEY, EU	ed name of registered agent and tille i OFFICERS AND DIREC 1D 99 N/A 7 FL 32063 GENE 1580	I applicable. (NOTI CTORS CLEETE	es, the above-named d authorized by the corp yrida Statutes. E Registere Agent signature f 13. 1.1 TF E 1.2 N/ 1E 1.3 ST EET ADDRESS 1.4 CF -ST-ZIP 2.1 TF E 2.2 N/ E	ADDITIONS/CHANGES TO OF DP Oliver Anderson PO Box 1/12 NA Glen St Mary FL 3 DV	Purpose of changing its registered cept the appointment as registered DATE FICERS AND DIRECTORS IN 12 Change Addition	
SIGNATURE	DV BASSIL, DAV RT. 1 BOX 6 MACCLENNY DP HARVEY, EU RT. 1, BOX 5 GLEN ST MA DP WACHNOLZ,	ad name of registered agent and tille i OFFICERS AND DIREC 1D 99 N/A 7 FL 32063 GENE 5580 RY FL MIKE	I applicable. (NOTI STORS DELETE DELETE	es, the above-named d authorized by the corp prida Statutes. E Registere Agent signature i 13. 1.1 TI E 1.2 N 1E 1.3 ST EET ADORESS 1.4 CT - ST - ZIP 2.1 TI E 2.2 N E 2.3 ST ET ADORESS 2.4 CT - ST - ZIP 3.1 T 3.2 N	DP Oliver Anderson PO Box 1/12 NA Glen St Mary FL 3 DV Milte Wochholz		
SIGNATURE 12. 111LE NAME STREET ADDRESS GHY-SI-ZIP THLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	DV BASSIL, DAV RT. 1 BOX 6 MACCLENNY DP HARVEY, EU RT. 1, BOX 5 GLEN ST MA	ad name of registered agent and tille i OFFICERS AND DIREC 1D 99 N/A 7 FL 32063 GENE 5580 RY FL MIKE D. N/A	I applicable. (NOTI STORS DELETE DELETE	es, the above-named d authorized by the corp yrida Statutes. E. Repisiere Agent signature f 13. 1.1 TI E 1.2 N IE 1.3 ST EET ADDRESS 1.4 CT - ST-ZIP 2.1 TT E 2.2 N E 2.3 ST ET ADDRESS 2.4 C - ST-ZIP 3.1 T	ADDITIONS/CHANGES TO OF DP Oliver Anderson PO Box 1/12 NA Glen St Mary FL 3 DV		
SIGNATURE	Signature typed or print DV BASSIL, DAV RT. 1 BOX 6 MACCLENNY DP HARVEY, EU RT. 1, BOX 5 GLEN ST MA DP WACHNOLZ, 21 JEULE RI MACCLENNY DT	ad name of registered agent and tille (OFFICERS AND DIREC 1D 99 N/A 7 FL 32063 GENE 5580 RY FL MIKE 2. N/A 7 FL 32063	I applicable. (NOTI STORS DELETE DELETE	es, the above-named d authorized by the corp yrida Statutes. E Registere Agent signature of 13. 1.1 TI E 1.2 N 1E 1.3 ST EY ADORESS 1.4 CI - ST-ZIP 2.1 TI E 2.2 N E 2.3 ST EY ADORESS 2.4 CI - ST-ZIP 3.1 TI 3.2 H 3.3 ST ADORESS 3.4 ST-ZIP 4.1	DP Oliver Anderson PO Box 1/12 NA Glen St Mary FL 3 Mitte Wochholz JI Jeuce Rd. MA Macclenny FL 320		
SIGNATURE	Signature typed or print DV BASSIL, DAV RT. 1 BOX 6 MACCLENNY DP HARVEY, EU RT. 1, BOX 5 GLEN ST MA DP WACHNOLZ, 21 JEULE RI MACCLENNY	ad name of registered agent and tille (OFFICERS AND DIREC 1D 99 N/A 7 FL 32063 GENE 1580 RY FL MIKE D. N/A 7 FL 32063 ONDA	I applicable. (NOTI CTORS DELETE DELETE	es, the above-named d authorized by the corp prida Statutes. E Repietere Agent signature t 13. 1.1 TT E 1.2 N 1E 1.3 ST EY ADORESS 1.4 CT - ST - ZIP 2.1 TT E 2.2 N E 2.3 S ET ADORESS 2.4 C - ST - ZIP 3.1 T 3.2 P 8.3 S F ADORESS 3.4. ST - ZIP	DP Oliver Anderson PO Box 1/12 NA Glen St Mary FL 3 Mitte Wochholz JI Jeuce Rd. MA Macclenny FL 320		
SIGNATURE	Signature typed or print DV BASSIL, DAV RT. 1 BOX 6 MACCLENNY DP HARVEY, EU RT. 1, BOX 5 GLEN ST MA DP WACHNOLZ, 21 JEULE RI MACCLENNY DT HARVEY, RH RT. 1 BOX 5 GLEN ST MA	ad name of registered agent and tille (OFFICERS AND DIREC 1D 99 N/A 7 FL 32063 GENE 1580 RY FL MIKE D. N/A 7 FL 32063 ONDA 580 N/A		es, the above-named d authorized by the corp yrida Statutes. E Registere Agent signature 7 13. 1.1 TT E 1.2 N TE 1.3 ST EY ADDRESS 1.4 C - ST-ZIP 2.1 TT E 2.2 N E 2.3 ST ET ADDRESS 2.4 C - ST-ZIP 3.1 T 3.2 H 3.3 T ADDRESS 3.4 ST-ZIP 4.1 4.3 ADDRESS 4.4 ST-ZIP	DV Mitte Wochholz 21 Jeule Rd.		
SIGNATURE 12. 111LE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE STREET ADDRESS CITY-SI-ZIP TITLE	Signature typed or print DV BASSIL, DAV RT. 1 BOX 6 MACCLENNY DP HARVEY, EU RT. 1, BOX 5 GLEN ST MA DP WACHNOLZ, 21 JEULE RI MACCLENNY DT HARVEY, RH RT. 1 BOX 5	ad name of registered agent and life i OFFICERS AND DIREC 1D 99 N/A 7 FL 32063 GENE 5580 RY FL MIKE D. N/A 7 FL 32063 ONDA 580 N/A RY FL	I applicable. (NOTI CTORS DELETE DELETE	es, the above-named d authorized by the corp yrida Statutes. E Registere Agent signature 7 13. 1.1 TI E 1.2 N /E 1.3 ST EY ADDRESS 1.4 C - ST-ZIP 2.1 TI E 2.2 N E 2.3 ST ET ADDRESS 2.4 C - ST-ZIP 3.1 T 3.2 H 3.3 T ADDRESS 3.4 ST-ZIP 4.1 4.3 ADDRESS	DV ADDITIONS/CHANGES TO OF DP Oliver Anderson PO Box 1/12 NA Glen St Mary FL 3 DV Mitte Wochholz DI Jeuce Rd. MA MACCIENTY FL 32 MACCIENTY FL 32 MAC		
SIGNATURE 12. httle hame street address CHY-SI-ZIP title street address CHY-SI-ZIP title NAME STREET ADDRESS CHY-SI-ZIP title NAME STREET ADDRESS CHY-SI-ZIP	Signature typed or print DV BASSIL, DAV RT. 1 BOX 6 MACCLENNY DP HARVEY, EU RT. 1, BOX 5 GLEN ST MA DP WACHNOLZ, 21 JEULE RI MACCLENNY DT HARVEY, RH RT. 1 BOX 5 GLEN ST MA DS HINES, RON P.O. BOX 23	ad name of registered agent and life i OFFICERS AND DIREC 1D 99 N/A 7 FL 32063 GENE 5580 RY FL MIKE D. N/A 7 FL 32063 ONDA 580 N/A RY FL NIE 0 N/A		es, the above-named d authorized by the corported Statutes. E. Registere Agent signature f 13. 1.1 TT E 1.2 N/ 1E 1.3 ST EET ADDRESS 1.4 CT - ST - ZIP 2.1 TT E 2.2 N/ E 2.3 ST ET ADDRESS 2.4 CT - ST - ZIP 3.1 T 3.2 P 3.3 ST FADDRESS 3.4. ST - ZIP 4.1 4.3 ADDRESS 3.4. ST - ZIP 5.1 T 5.2 N 5.3 ST ET ADDRESS	DV ADDITIONS/CHANGES TO OF DP Oliver Anderson PO Box 1/12 NA Glen St Mary FL 3 DV Mitte Wochholz DI Jeuce Rd. MA MACCIENTY FL 32 MACCIENTY FL 32 MAC		
SIGNATURE 12. 111LE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	Signature typed or print DV BASSIL, DAV RT. 1 BOX 6 MACCLENNY DP HARVEY, EU RT. 1, BOX 5 GLEN ST MA DP WACHNOLZ, 21 JEULE RI MACCLENNY DT HARVEY, RH RT. 1 BOX 5 GLEN ST MA DS HINES, RON P.O. BOX 23	ad name of registered agent and life i OFFICERS AND DIREC 1D 99 N/A 7 FL 32063 GENE 5580 RY FL MIKE D. N/A 7 FL 32063 ONDA 580 N/A RY FL NIE		es, the above-named d authorized by the corp yrida Statutes. E Registere Agent signature f 13. 1.1 TT E 1.2 N/ 1E 1.3 ST EY ADDRESS 1.4 CT - ST - ZIP 2.1 TT E 2.2 N/ E 2.3 ST ET ADDRESS 2.4 CT - ST - ZIP 3.1 T 3.2 P 3.3 ST FADDRESS 3.4.1 ST - ZIP 4.1 4.3 ADDRESS 4.4 ST - ZIP 5.1 T 5.2 N	DV ADDITIONS/CHANGES TO OF DP Oliver Anderson PO Box 1/12 NA Glen St Mary FL 3 DV Mitte Wochholz DI Jeuce Rd. MA MACCIENTY FL 32 MACCIENTY FL 32 MAC		
SIGNATURE	Signature typed or print DV BASSIL, DAV RT. 1 BOX 6 MACCLENNY DP HARVEY, EU RT. 1, BOX 5 GLEN ST MA DP WACHNOLZ, 21 JEULE RI MACCLENNY DT HARVEY, RH RT. 1 BOX 5 GLEN ST MA DS HINES, RON P.O. BOX 23	ad name of registered agent and life i OFFICERS AND DIREC 1D 99 N/A 7 FL 32063 GENE 5580 RY FL MIKE D. N/A 7 FL 32063 ONDA 580 N/A RY FL NIE 0 N/A	I applicable. (NOTI CTORS DELETE DELETE DELETE DELETE DELETE	es, the above-named authorized by the corported by the corported statutes. E. Repristere Agent signature 1 13. 1.1 TT E 1.2 N HE 1.3 ST EET ADDRESS 1.4 CT - ST - ZIP 2.1 TT E 2.2 N E 2.3 ST ET ADDRESS 2.4 CT - ST - ZIP 3.1 T 3.2 H 3.3 F ADDRESS 3.4. ST - ZIP 3.1 T 3.2 H 3.3 F ADDRESS 3.4. ST - ZIP 4.1 4.2 4.3 ADDRESS 3.4. ST - ZIP 5.1 T 5.2 N 5.3 ST ET ADDRESS 5.4 CT - ST - ZIP 6.1 TIT 6.2 NAME	DV ADDITIONS/CHANGES TO OF DP Oliver Anderson PO Box 1/12 NA Glen St Mary FL 3 DV Mitte Wochholz DI Jeuce Rd. MA MACCIENTY FL 32 MACCIENTY FL 32 MAC		
SIGNATURE	Signature typed or print DV BASSIL, DAV RT. 1 BOX 6 MACCLENNY DP HARVEY, EU RT. 1, BOX 5 GLEN ST MA DP WACHNOLZ, 21 JEULE RI MACCLENNY DT HARVEY, RH RT. 1 BOX 5 GLEN ST MA DS HINES, RON P.O. BOX 23	ad name of registered agent and life i OFFICERS AND DIREC 1D 99 N/A 7 FL 32063 GENE 5580 RY FL MIKE D. N/A 7 FL 32063 ONDA 580 N/A RY FL NIE 0 N/A	I applicable. (NOTI CTORS DELETE DELETE DELETE DELETE DELETE	es, the above-named authorized by the corported by the corported statutes. E. Repristere Agent signature for the corported statutes. 1.1 TT E. 1.2 N IE. 1.3 ST ET ADDRESS 1.4 CT - ST - ZIP. 2.1 TT E. 2.2 N E. 2.3 ST ET ADDRESS 2.4 C - ST - ZIP. 3.1 T. 3.2 N S. 3.4 ST - ZIP. 4.1 ST - ZIP. 4.1 ST - ZIP. 5.1 T. 5.2 N. 5.3 ST ET ADDRESS 5.4 CT - ST - ZIP. 5.1 T. 5.2 N. 5.3 ST ET ADDRESS 5.4 CT - ST - ZIP. 6.1 TTT. 6.2 NAME 6.3 STREET ADDRESS	DV ADDITIONS/CHANGES TO OF DP Oliver Anderson PO Box 1/12 NA Glen St Mary FL 3 DV Mitte Wochholz DI Jeuce Rd. MA MACCIENTY FL 32 MACCIENTY FL 32 MAC		
SIGNATURE	Signature typed or pant DV BASSIL, DAV RT. 1 BOX 6 MACCLENNY DP HARVEY, EU RT. 1, BOX 5 GLEN ST MA DP WACHNOLZ, 21 JEULE RI MACCLENNY DT HARVEY, RH RT. 1 BOX 5 GLEN ST MA DS HINES, RON P.O. BOX 23 GLEN ST. M	ad name of registered agent and tille OFFICERS AND DIREC 1D 99 N/A 7 FL 32063 GENE 5580 RY FL MIKE D. N/A 7 FL 32063 ONDA 580 N/A RY FL NIE 0 N/A ARY FL 32040		es, the above-named d authorized by the corporida Statutes. E Repisiere Agent signature f 13. 1.1 TI E 1.2 N /E 1.3 ST EY ADDRESS 1.4 CI - ST - ZIP 2.1 TT E 2.2 N E 2.3 ST ET ADDRESS 2.4 CI - ST - ZIP 3.1 T 3.2 F 3.3 ST ADDRESS 3.4. ST - ZIP 4.1 4.2 ST - ZIP 5.1 T 5.2 N 5.3 ST ET ADDRESS 5.4 CI - ST - ZIP 6.1 TIT 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 5.1 CITY - ST - ZIP 5.1 CITY - ST - ZIP 5.3 ST REET ADDRESS 5.4 CITY - ST - ZIP 5.3 ST REET ADDRESS 5.4 CITY - ST - ZIP 5.1 CITY - ST - ZIP	DV ADDITIONS/CHANGES TO OF DP Oliver Anderson PO Box 1/12 NA Glen St Mary FL 3 DV Mitte Wochholz DI Jeuce Rd. MA MACCIENTY FL 32 MACCIENTY FL 32 MAC		