FILE NOW: FILING FEE IS \$61.25

NONP	ROFIT
CORPO	RATION
ANNUAL	



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

1996

N49108 DOCUMENT #

(6)

T00	FAR,	INC.
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Mailing Address

8618 E. ORANGE AVENUE FLORAL CITY FL 34436

Principal Place of Business

P.O. BOX 980 FLORAL CITY FL 34436

9618 E. ORANGE AVENUE FLORAL CITY FL 34436		FLORAL CITY FL 34436 US				3. Date incorporated or Qualified 3a. Date of Last Report			
IS		00			ļ	05/27/1992	U.	5/01/1995	
						4. FEI Number			ed For
Principal Place	of Business	2a. Mailing Address				3. 59-3124707			Applicable
Principal Place	Ur Daarieoo	26				Co. L. Denied		\$8.75 Add	
1	ntc	Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee Requ	
Suite, Apt. #, 6	etC.	27				6. Election Campaign Financing		\$5.90 M	
0.00-12		City & State				Tours Sund Contribution		Added to	
City & State		28				a This apparation has liability for	intangible ta	cunder s. 199	9.032,
·	Country	Zip	├ ─¬	untry		1	100		
Zip	t _{as})	29	30			10. Name and Address of New F	legistered A	gent	
<u> </u>	9. Name and Address of Curr	ent Registered Agent		81 Nar					
	9. Name and the					A Aggestal	olol		
	DUDITY F			82 SI	eet Addis	iss (P.O. Box Number is Not Acceptal	Jie;		
MOTLOW,	DUDLEY E			<u> </u>					
8618 EAS	T ORANGE AVE.			B3				85 Zip C	ode.
	CITY FL 32636			84 Cit	v		FL	1 1	
				1 - 1	•	ation submits this statement for the pr rd of directors. I hereby accept the ap			istered offici
		con and 617 1508 Florida State	ites, the a	bove-name	od corpor	ation submits this statement for the p od of directors. I hereby accept the ap	pointment as	registered ag	gent. I am
11 Pursuant to	the provisions of Sections 617.0	looks. Such change was author	ized by th	e corporati	on's boar	rd of directors, thereby descrip			
or registere	ed agent, or both, in the State of F h, and accept the obligations of, S	Section 617.0503, Florida Statute	Ð\$.						
ramiliar will	ii, and doospi						DATE		_
SIGNATURE _	Signature, typical or printed name of registered	auto in an in month of the control		3.		ADD, HONS OHANGES TO O	FFICERS AN	Change	neifibbA 🔲
12.	OFFICERS	AND DIRECTORS		1 TITLE				a i Cua,iñe	☐ Mad Ital.
TIPLE	P	DELETE	1	.2 NAME					
	ROBINSON, FRANK		1		SD- 06				
NAME	8717 E BRADLEY RD			3 STREET ADD					F 1 151 10
STREET ADDRESS	FLORAL CITY FL			1 4 CITY - ST - Z	1P		_ 	Change	Addition
CITY - ST - ZIP	V V	— — DELETE	1	21 TITLE	Ì				
TITLE	HARTMAN, LARRY			2 2 NAME	1				
NAME	8686 E MARVIN ST		1	23 STREET AD	DRESS				
STREET ADDRESS	SORAL CITY EI			2 4 CITY - ST -	ZIF			Change	Addition
CITY-ST-ZiP	FLORAL CITY FL	W DELETE		3 1 TITLE	\	- •• . 33			
TITLE	S IOVCE	7	1	3.2 NAME	Į.	Lee Hedden	Dν		
NAME	SAUNDERS, JOYCE		ı	3 3 STREET AL	ODRESS	12350 E Walton	DI	<u> </u>	
STREET ADDRESS	5641 S. PERETT POINT			34 CITY-ST	,	Floral City, Fl	3443	Change	Additio
CITY-ST-ZIP	FLORAL CITY FL	TIDELETE		4 1 TiTLE				~ · · · · · · · · · · · · · · · · · · ·	
TITLE	1	Pottere		4 2 NAME					
NAME	MOTLOW, DUDLEY E			43 STREET A	nnaess I				
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1	INVERNESS FL			4.4 CITY - ST 5.1 TITLE	- 4-11			Change	☐ van.u
CITY-ST-ZIP	D	DELETE		l	ļ	Ron Converse			
TITLE	ALEXANDER, L C			5.2 NAME		10108 3 Perch	Dr		
NAME	AMA E DEDWOOD PU	ACE		53STHEET		Inverness, Fl	34450		
STREET ADDRES	SS SZUZ E. REDWOOD I D	/		54 City-S	I - ZIF	THAGIH: 221 11		Change	Addit
CITY-ST-ZIP_	INVERNESS FL	DELETI	E	61 HILE	<u> </u>				
UIII 31- <u>20</u> _		T DECE.				Herman Mau			
TITLE	D	L ocation		6 2 NAME	ļ	UCTWOIL LIVE	_		
TITLE	WHEELER JACK				ADDRESS	2212 C Dhoreac	res P	t.	
	WHEELER JACK				ADDRESS	7712 S Dhoreac Floral City Fl alify for the exemption stated in Sectio courate and that my signature shall ha	res P	t.	rutes. I furth

14. Job nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.0/(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 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 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 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 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 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 under under under the same legal effect as if under SIGNATURE: DUNIED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR