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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite,	. 2011							
SUITE 502 TALLAHASSEE FL 32301 US 3. Date Incorporated or Qualified O7/09/1992 4. FEI Number Sp3176944 5. Certificate of Status Desired Fee Required Fee Req	Principal Place	e of Business	Mailing Address				HII dia ir diail diail (1911	I BHOIL BHHI IOUI
2. Principal Place of Business	SUITE 502		TALLAHASSEE FL 32302					
Suite, Apt. #, etc.	US							
27	···	lace of Business	- -¬		•			Applied For Not Applicable
23 28 Trust Fund Contribution Added to Fees		#, etc.						
Zip	` 1	e	- ·	<u></u>				
WARFEL, TIMOTHY J 215 S MONROE STREET SUITE 701 TALLAHASSEE FL 32301 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 917.0503. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 917.0503. Florida Statutes SIGNATUFE SIGNATUFE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IPUE TD OFFICERS AND DIRECTORS IN 12 DELETE 11 INILE VD Change Addition NEDLEY, ROBERT 12 NAME NEDLEY, ROBERT 13 SIRREF ADDRESS 300 1ST STREET 13 SIRREF ADDRESS 301 ST STREET 14 CITY-ST-ZIP Clewiston, FL 33440 Change Addition Change Change Change Change Ch		 	·	<u> </u>			angible taxunder s.	
WARFEL, TIMOTHY J 215 S MONROE STREET SUITE 701 TALLAHASSEE FL 32301 11. Purpose of Sections 617,0502 and 617,1508. 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 617,0503, Florida Statutes. SIGNATURE Signature: Signature: To OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IPILE TD DELETE 11 TITLE NEME NEDLEY, ROBERT 12 NAME NEDLEY, ROBERT 13 STREET ADDRESS CITY-ST-7IP PORT ST. JOE FL 14 CITY-ST-2IP CPD DELETE 21 TITLE D Change Addition Change Change Addition Change Cha		9. Name and Address of Curre	ent Registered Agent					
215 S MONROE STREET SUITE 701 TALLAHASSEE FL 32301 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered offic 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and the if applicable (NOTE Registered Agent signature required when renstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IPILE TD DELETE 11 TITLE VD DELETE 11 TITLE VD Change Addition NEDLEY, ROBERT 12 NAME NEDLEY, ROBERT 13 STREET ADDRESS 13 STREET ADDRESS P.O. Drawer 1207 Clewiston, FL 33440 Change Addition RANKIN, TOM L. PANKIN, TOM L. CPD DELETE 21 TITLE D Change Addition				81	Name			
215 S MONROE STREET SUITE 701 TALLAHASSEE FL 32301 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 617.0503, Florida Statutes. SIGNATUFIE Signature, typed or printed name of registered agent and the if applicable (NOTE Registered Agent signature required when renstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IPILE TD DELETE 11 TITLE VD DELETE 11 TITLE VD DRAWE J. Nelson Fairbanks 13 SIREET ADDRESS P.O. Drawer 1207 Clewiston, FL 33440 Change Addition RAME RANKIN, TOM L. PARKIN, TOM L. CPD DELETE 21 TITLE D George Spencer	WARFE	L, TIMOTHY J		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signalure, typed or printed name of registered agent and their applicable (NOTE: Registered Agent signalure required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE VD Change Addition NEDLEY, ROBERT 12 NAME NEDLEY, ROBERT 13 STREET ADDRESS 300 1ST STREET 13 STREET ADDRESS 300 1ST STREET 14 CITY-ST-ZIP PORT ST. JOE FL 14 CITY-ST-ZIP Clewiston, FL 33440 Change Addition NAME RANKIN, TOM L. CPD Change Addition Change Addition								
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATUFE Signature, typed or printed name of registered agent and this it applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IPLE NEDLEY, ROBERT NEDLEY, ROBERT 300 1ST STREET DELETE 11 TIFLE VD Change Addition 12 NAME J. Nelson Fairbanks 13 STREET ADDRESS OFFICERS AND DIRECTORS IN 12 LONG Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition CHANGE CHANGES CITY-SI-ZIP PORT ST. JOE FL DELETE 14 CITY-ST-ZIP CHOW ST-ZIP CHANGE C	TALLAH	IASSEE FL 32301		84	City		85 Zir	o Code
or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATUFE Signature, typed or pritted name of registered agent and this if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IPLE NAME NEDLEY, ROBERT 12 NAME 13 STREET ADDRESS STREET ADDRESS ON 1ST STREET PORT ST. JOE FL 14 CITY-ST-ZIP CPD Change Addition Change Change Addition Change Addition Change Addition Change Addition Change C	11. Pursuant	to the provisions of Sections 617.050:	02 and 617.1508, Florida Statute	s, the above-na	amed corpora	ation submits this statement for the purpo	ese of changing its r	egistered office
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Signature, typed or printed name of registered agent and tille it applicable (NOTE: Registered Agent signature required when reinstating) DATE 12.		and accept the congeneric on coo	Such Bit 1.0000, Florida Giardico.					
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NAME RANKIN, TOM L. 22 NAME George Spencer					-ZIP Cl	lewiston, FL 33440		
George Diencer		1	□ DELETE		D		Change	≰_] Addition
		-						
TAMPA FI	STHEET ADDRESS	111 E. MADISON STREET			בין י	3754 Deseret Lane		
CITY-S1-ZIP TAMPA FL 24CITY-S1-ZIP St. Cloud, FL 34773			CODULTE		-ZIP St	. Cloud, FL 34773		
DELETE 31 TITLE D Change Addition		1			-			Addition
NAME COLLIER, MILES STREET ADDRESS 3003 TAMIAMI TRAIL 32 NAME JOS Marlin Hilliard 33 STREET ADDRESS POUND 2 Pour 1.75								
Route 2, Box 1/3					IK C	oute 2, Box 175		
CITY-SI-ZIP NAPLES FL 34 CITY-SI-ZIP Clewiston, FL 33440 Change			FIDELETE		EI	ewiston, FL 33440	Change	-ET Addition
NAME WOHL, JAMES 4 2 NAME Nancy Davis		_			Иa	ncy Davis		A Visition
STREET ADDRESS P.O. BOX 3347 43 STREET ADDRESS 80 S.W. 8th St., Suite 2110							ite 2110	
CHY-SI-ZIP SEBRING FL 44CHY-SI-ZIP Miami, FL 33130							100 2110	
TITLE D DELETE 51 TITLE D Change Addition		T	DELETE		D		☐ Change	√ Addition
NAME DUDA, JOSEPH 52 NAME Pat Wilson	NAME	DUDA, JOSEPH		5.2 NAME	Pa	t Wilson		
STHEET ADDRESS 7380 MURRELL ROAD SUITE 201 53 STREET ADDRESS P.O. Box 65	STREET ADDRESS		E 201	53 STREET A				
CITY-ST-ZIP MELBOURNE FL 32940 54 CITY-ST-ZIP Frostproof FL 33843	CITY - ST - ZIP	MELBOURNE FL 32940		5.4 CITY-ST			3	
TILE D DELETE 61 TILE V Change Addition	TITLE	1 -	DELETE	_	īv		Change	Addition
NAME TAYLOR, TOM 62 NAME Michael L. Rosen	NAME	TAYLOR, TOM		62 NAME	Мi	chael L. Rosen		
STREET ADDRESS 7000 S. TAMIAMI TRAIL 63STREET ADDRESS P.O. BOX 10228	STREET ADDRESS			63 STREET A				
CITY-ST-ZIP VENICE FL 34293 64 CITY-ST-ZIP Trallahassoe FI 32302 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 1907(3fk), Florida Statutes. I further	CHY-ST-ZIP	VENICE FL 34293		64 CITY-ST			0.2	
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 19.07(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 book and the same book and under	14. I do hereb certify tha	by certify that the information supplied at the information indicated on this ann	i with this filing is voluntarily furni-	ished and does	not qualify for	or the exemption stated in Section 119.07	(3)(k), Florida Statut	les. 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver 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.	oath; that appears in	t Lam an officer or director of the corp n Block 12 or Block 13 if changed or	poration or the receiver or trusteer on an attachment with an address	empowered to ess.	execute this	s report as required by Chapter 617, Flori	da Statutes; and tha	at my name

SIGNATURE: ___

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

904/681-9346

Daytime Phone #