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NONPROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # N93000001738 (4)

| Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required \$5.00 May Be Added to Fees Added to Fees Country South, Apt. #, etc. Fee Required Fee Required Fee Required St.00 May Be Added to Fees Added to Fees |
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| WAUCHULA FL 33873 WAUCHULA FL 33873 WAUCHULA FL 33873 3. Date of Last Report 04/19/1993 3. Date of Last Report 04/1995 3. Date of La |
| 2. Principal Place of Business 2. Mailing Address 4. FEI Number 5. O4/19/1993 04/24/1995 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 5. Certificate of Status Desired 5. Certificate of Status 5. |
| Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Signatures of Status Status Signatures 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 617,0503, Florida Statutes. Not Applicable Sinte, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Sinte, Certificate of Status Desired Setum Comparing Financing Trust Fund Contribution Added to Fees Added to Fees Added to Fees Added to Fees Tountry B. This corporation has liability for intengible tax unders. 199,032, Florida Statutes Yes No Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) FL B5 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. NOTE Registered Agent signature required when rein lating) DATE Signature, typed or printed name of registered agent agent signature required when rein lating) DATE Signature, typed or printed name of registered agent. Signature required when rein lating) DATE OFFICERS AND DIRECTORS IN 12 |
| 27 City & State 28 City & State 28 City & State 29 Country Added to Fees 21 Country 25 Country 25 29 30 Country 40 COBB, LAVON 401-A SOUTH 6TH AVE. WAUCHULA FL 33873 81 Country 40 Countr |
| 28 Trust Fund Contribution Added to Fees Zip Country Zip Country B. This corporation has liability for injungible tax under s. 199.032, 24 25 29 30 Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent COBB, LAVON 401-A SOUTH 6TH AVE. WAUCHULA FL 33873 82 Street Address (P.O. Box Number is Not Acceptable) 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. SIGNATURE Signature, typed or printed name of registered agent and litle if applicable. NOTE: Registered Agent signature required when rein stating: DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| Zip Country Zip Country Age 30 Summary Summary Summary Country B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No Summary |
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| NAME COBB, LAVON 1.2 NAME |
| STREET ADDRESS 401-A SOUTH 6TH ST. 1.3 STREET ADDRESS |
| CITY-ST-ZIP WAUCHULA FL 33873 1.4 CITY-ST-ZIP TITLE VD DELETE 2 1 TITLE Change Addition |
| TUBUFDIAM ON |
| NAME IMMERMAN, C.N. STREET ADDRESS 410 SOUTH 6TH AVE 22 NAME 23 STREET ADDRESS |
| WALLOUI H A FL 20072 |
| CITY-ST-ZIP WAUCHULA FL 33873 |
| NAME COBB, LINDA A 32 NAME |
| STREET ADDRESS 401-A SOUTH 6TH AVE. 33 STREET ADDRESS |
| CITY-ST-ZIP WAUCHULA FL 33873 34. CITY-ST-ZIP |
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| NAME 4 2 NAME |
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| TITLE DELETE 61 TITLE DANGE Addition |
| NAME 62 NAME |
| STREET ADDRESS 6.3 STREET ADDRESS |
| CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 119.07(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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Knda COLL LINAA COLL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-96 941-773-3839

Daytime Phone #