

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

1995



APPROVED
AND
FILED

AM 10:22

DOCUMENT # N93000003785 (3)

CARYVILLE REVIVAL CENTER, INC.

STATE
FLORIDA

900001505749
06/06/95--01009--010
*****61.25 *****61.25

ROUTE 1 BOX 11
HIGHWAY 279
CARYVILLE FL 32427

P.O. BOX 357
CARYVILLE FL 32427

3	Date of Application	3a	Date of Last Report
	08/17/1993		04/29/1994
4	FEI Number	Applied For	
	59-3200666	Not Applicable	
5	Monthly amount of fee required	\$8.75 Additional Fee Required	
6	Has the fee been paid in full?	\$5.00 May Be Added to Fees	
7	Has the fee been paid in full?	\$68.75 Supplemental Fee Not Required	
8	Has the fee been paid in full?		

2	2a	2b
21	26	
22	27	
23	28	
24	25	29
		30

9. Name and Address of Current Registered Agent

WORKS, ERNESTINE N
ROUTE 1, BOX 11
279 HIGHWAY 279 SOUTH
CARYVILLE FL 32427

10. Name and Address of New Registered Agent

81	82	83	84	85
				FL

11. The undersigned hereby certifies that the information furnished herein is true and correct to the best of their knowledge and belief, and that they are not aware of any information which would cause the information furnished herein to be false or misleading in any material particular.

12	13
PD WORKS, ERNESTINE N RT 1 BOX 11 CARYVILLE FL 32427 SD WORKS, TYNA L RT 1 BOX 11 CARYVILLE FL 32427 TD WORKS, MICHAEL A RT 1 BOX 11 CARYVILLE FL 32427	

14. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am not aware of any information which would cause the information furnished herein to be false or misleading in any material particular.

SIGNATURE: *Ernestine Works*
SIGNATURE AND TYPE OR PRINTED NAME OF DIRECTOR OR OFFICER IN CHARGE

7-17-95

904-548-5534