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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

1996

SIGNATURE:

DIVISION OF CORPORATIONS

	ED BACKSIDE PR	OTECTION, II	NG.						
	Mollar	Address							8 1 <b>  6 </b> 1
Principal Place of Business		SW COLLEGE ROA	AD.						
2201 SW COLLEGE ROAD OCALA FL 34474		LA FL 34474	10						
					3. Date incorporated	or Qualified	<b>3a</b> . Da	ate of Last F	eport
					3. Date incorporated 07/25/1995	•			
2. Principal Place of Business	2a. Ma	ailing Address			4. FEI Number				oplied For
<u> </u>	26				<u> 59 - 33</u>	2550	54		ot Applicable
Suite, Apt. #, etc.		ite, Apt. #, etc.			5. Certificate of Statu	s Desired	X		Additional equired
	27	ty & State			6. Election Campaign	Einancing			May Be
City & State	28	ty a State			Trust Fund Contrib	_		·	to Fees
Zip Country		p	Coun	try	8. This corporation ha	as liability for in	ntangible t	ax under s.	199.032,
25	29		30		Florida Statutes		Yes 🛚		
9. Name and Addre	ss of Current Register	ed Agent		Na I 1	10. Name and Addre	ss of New Re	gistered	Agent	
			{	Name					
ONETT, MICHAEL M			1	32 Street Ad	dress (P.O. Box Number is I	Not Acceptabl	e)		
2201 SW COLLEGE ROAD			<u> </u>	83					
OCALA FL 34474			[			<u></u>			<del></del>
			[1	B4 City			FL	<b>85</b> Zip	Code
11. Pursuant to the provisions of Section	one 617 0502 and 617 1	508 Florida Statut	es, the abov	re-named corp	poration submits this stateme	ent for the purp	of ob	engino ito re	gistered offic
er registered pearl or both in the	-State of Florida, Such of	nanne was authoriz	BO DY THE CO	orporation's bo	pard of directors. I hereby ac	cept the appo	sintment a	s registered	agent. I am
or registered agent, or both, in the	( O1 047 05	00 Floride Statutor	, ,	•					
<ol> <li>Pursuant to the provisions of Section registered agent, or both, in the familiar with, and accept the obligation</li> </ol>	ations of, Section 617.050	03, Florida Statutes	S. ,	,					
tamillar with, and accept the conga	alions of, section of 7.000	50, I konda Statistoc	,.		ired when reinstating)		DATE		
SIGNATURE  Signature, typed or orinted name	ations of, Section 617.050 of registered agent and little if appl DFFICERS AND DIRECTO	icable. (NC	,.				DATE	D DIRECTO	RS IN 12
SIGNATURE  Signature, typed or printed name  12.  C	of registered agent and little if appli DEFICERS AND DIRECTO	icable. (NC	13.	Agent signature requ	ired when reinstating)		DATE		
SIGNATURE  Signature, typed or printed name  12.  TITLE PD  NAME ONETT, MICHAEL	of registered agent and title if appli	icable. (NC	13. 1.1 Titl 1.2 NAI	NE	ired when reinstating)		DATE	D DIRECTO	RS IN 12
SIGNATURE  Signature, typed or orinled name  12.  TITLE NAME STREET ADDRESS  TATION AND ACCURATE ADDRESS  SIGNATURE  SIGN	of registered agent and title if appli	icable. (NC	13. 1.1 TiTi 1.2 NAI	LE ME REET ADDRESS	ired when reinstating)		DATE	D DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TATHING WITH, AND ACCEPT THE CONIGNATION  SIGNATURE  ONETT, MICHAEL  2201 SW COLLEG  OCALA FL 34474	of registered agent and title if appli	icable. (NO DRS DELETE	13. 1.1 TiTl 1.2 NAI 1.3 STF	LE ME REET ADDRESS Y-ST-ZIP	ired when reinstating)		DATE	D DIRECTO Change	RS IN 12
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