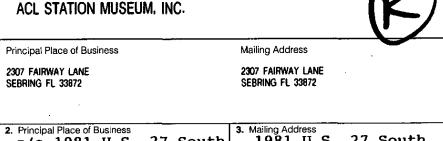
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9800001110

1. Entity Name



Sep 05, 2000 8:00 am Secretary of State 09-05-2000 90041 044 ****61.25





2 Principal Plan									
c/o 19	ce of Business 81 U.S. 27 South	3. Mailing Address 1981 U.S.	27 Sout	h		1			
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			DO NOT WRITE IN THIS	SPACE		
City & State SEBRING, FLORIDA City & State SEBRING, FI			FLORIDA (LORIDA (4. FEI Number 65-0859654		Applied For Not Applicable	
Zip 33870	Country	Zip 33870	Country U.S.A	*				\$8.75 Additional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
	t. Halle and Address of Content F	legistered Agent	Name		7. ((0))				
JACKSON, ANDREW B 150 NORTH COMMERCE AVE. SEBRING FL 33871				Street Address (P.O. Box Number is Not Acceptable)					
ţ			City			Fl	Zip Cod	ie	
SIGNATURE	armed entity submits this statement for		registered office			n, in the state of Florida.			
After Septer	ILE NOW: FEE IS \$61.25 mber 13, 2000 min. will be \$23	36.25 Trust Fund C		□ Àde	5.00 May Be ded to Fees	Make Check Departmen	t of State		
10.	/. OFFICERS AND DIRI		11.		ADDITIONS/CHA	INGES TO OFFICERS AND D			
	TD Boley, Marie	☐ Delete	title Name		same)		☐ Change	☐ Addition	
	1249 LAKESIDE DRIVE		STREET ADDRESS		, , , , , , , , , , , , , , , , , , ,				
1	LORIDA FL 33857		CITY-ST-ZIP						
	D	☐ Delete	TITLE	D F)		☐ Change	☐ Additio	
,	DAVIS, RUTH K	200.0	NAME		IS, RUT	н к.	-	Ame	
I .	667 S.E. LAKEVIEW DR.		STREET ADDRESS			AKEVIEW DR.			
-	SEBRING FL 33870	a april and a second	CITY-ST-ZIP		RING, F	· • • • • • • • • • • • • • • • • • • •		•	
	SD	Delete	TITLE	D S			Change	X Additio	
	gangwish, robert v	••	NAME		LOIN, F	RANCES			
	1704 SOUTH LAKE REEDY BLVD.		STREET ADDRESS			EBLE CREEK DE			
CITY-ST-ZIP	Frostproof FL 33843		CITY-ST-ZIP		N PARM,				
	D .	☐ Delete	TITLE				☐ Change	☐ Additio	
NAME .	JACKSON, ANDREW B		NAME	1 (same)				
STREET ADDRESS (318 N.W. LAKEVIEW DR.		STREET ADDRESS	· ·	-				
CITY-ST-ZIP	SEBRING FL 33870		CITY-ST-ZIP						
	D \	Delete	TITLÉ	D∻V	'P		Change	Additio	
	KALTZ, ANDREW _A Ł		NAME	WH	ITLOCK,	BUD			
	2723 S. WINDING WATERS DR.		STREET ADDRESS	. (8 North	Circle			
CITY-ST-ZIP	AVON PARK/FL 33825		CITY-ST-ZIP	ŠĔ	BRING,	FL 33870			
	VD \	🔀 Delete	TITLE	D			☐ Change	🔼 Additio	
TITLE	PUCKETT GARY G		NAME 1	WAL	KER. EL	IZABETH			
TITLE NAME	PUCKETT, GARY G 4706 SANTA BARBARA DR.	-	NAME ** STREET ADDRESS		KER, EL				

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPE

Date