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PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P26204

(8)

Principal Place	70 8922 86th ST.	Mailing Address RT 2 BOX 73 کُٹ LIVE OAK FL 32060	722 86th ST		
				3, Date incorporated or Qualified 09/26/1989	3a. Date of Last Report 05/01/1995
- i	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
et∐ Suite, Apt.	#, OIG.	Suite, Apt. #, etc		59-2968342 5. Certificate of Status Desired	Not Applicable \$8.75 Additional
2		[27]			Fee Required
City & Stah	€:	City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Ζφ	Country	Zip	Country	8. This corporation has liability for	
4	25 g. Name and Address of Curren	29 I Registered Agent	30)	Florida Statutes Yes 10. Name and Address of New F	No Registered Agent
11. Pursuant or registe	to the provisions of Sections 607.0502 red agent, or both, in the State of Floridith, and accept the obligations of, Sect	and 607.1508, Florida Statut da. Such change was authoriz on 607.0505, Florida Statutes	83 84 City es, the above named corpored by the corporation's boa	ress (P.O. Box Number is Not Acceptal ration submits this statement for the pure of directors. I hereby accept the app	FL 85 Zip Code
10	Styrature styred or protect name of registrated about OFFICERS AN		TE: Registered Agent signature require 13.		FICERS AND DIRECTORS IN 12
12. DESE SAME STREET ACCRESS	PD ROBERTS, ROCKWELL W. RT 2, BOX 73 8922 LIVE OAK FL	864 ST	1 1 TITLE 1 2 NAME 1.3 STREET ADDRESS 1.4 CITY - S1 - 2IP	ADMINISTRAÇÃO O O	Change Addition
CHY+ST-769 THUE NAME STREET ADDRESS CHY+ST-769	VS DODEDTO ECMEALDA	GOT ST	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		Change Addition
Tallef NAME STRALL AFOREDS	TD ROBERTS, ESMEALDA RT 2, BOX 73 8922 LIVE OAK FL	SLY ST	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS		☐ Change ☐ Addition
COLY - ST- ZIP THILE NAME STHEE? ADDRESS		DELETE	3 4 CHY - ST - ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS		Change Addition
CHY-ST-ZIP TITLE NAME STHEET ADDRESS OUT OF ZIP		☐ DELETE	4 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP		Change Addition
CHY-ST-7IP THEE		DELETE	6 1 TITLE		☐ Change ☐ Addition

64 DITY-ST-ZIP 14. Ido 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), Fiorida 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an an attachment with an address.

6 2 NAME 6.3 STREET ADDRESS

THLE NAME

STREET ADDRESS

ROCKWELL W. ROBERTS, PRESIDENT 2/12/96 9043646078