SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P32188

(5)

FILED Sep 02 1997 8:00am Secretary of State

1/80/17

912-352-4493

Principal Plac		Mailing Address	· · · · · · · · · · · · · · · · · ·						
7080 ABERCOF SAVANNAH GA		7080 ABERCORN STREET SAVANNAH GA 31406							
						DO NOT WRITE	IN THIS SPACE		
· 						 Date Incorporated or Qualified 12/18/1990 	3a. Date of La 04/22/199		
 -	lace of Business	2a. Malling Address	a. Malling Address			4. FEI Number		Applied For	-
21		26				58-1874499 Not Applicable			
Sulte, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	1 1 7	75 Additional e Required	į.
City & Stat	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cour			8. This corporation owes or has paid the current year Intangible			
24	25		30	_		Personal Property Tax due June 30. Yes No			
OT (9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Reg	istered Agent		\dashv
	CORPORATION SYSTEM O S. PINE ISLAND ROAD			61	Name				1
	NTATION FL 33324		82 Street			dress (P.O. Box Number is Not Acceptable)			
FLA	MINION FL 33324		-	83					
			-	84	City		FL 85	Zip Code	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stal in familiar with, and accept the obli	te of Florida. Such change was a	ulhorized	bv	the corporation	oration submits this statement for the pu on's board of directors. I hereby accep	urpose of changi	ng its register t as registere	ed d
SIGNATURE	Signature, typed or printed name of registered a	MOTE	Registered	Acor	nt signature regure	d when rejustating	DATE		_
12.		ND DIRECTORS	13.	Agei	III Siğiraldır. reddi ter	ADDITIONS/CHANGES TO OFFICE		TORS IN 12	
TITLE	PD DELETE 1.1			LΈ			☐ Char		tion
NAME	HAMMOND, J. ROGER		1.2 NAI	ME					
STREET ADDRESS	7080 ABERCORN STREET	1.3 \$		3 STREET ADDRESS					
CITY-ST-ZIP			1.4 CIT	Y-ST	I - ZIP				
TITLE			2.1 TITU	.E	Ī		☐ Char	nge 🔲 Addi	tion
NAME	AIMONE, CHARLES M. 7080 ABERCORN STREET		2.2 NA	2.2 NAME					
STREET ADDRESS	SAVANNAH GA			2 3 STREET ADDRESS					İ
CITY-ST-ZIP	SAFAIRAN GA			2 4 CITY-ST-ZIP 3.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Char	nge 🗌 Addi	tion
TITLE NAME							L Ula	iĝe □ Notil	ן
STREET ADDRESS			3.2 NA		ADDRESS				
CITY-ST-ZIP			3.4. CIT						
TITLE			4.1 TITE		1-711		☐ Char	nge 🔲 Addi	lion
NAME			4. 2 NA	ME				•	
STREET ADDRESS			4.3 STR	EET A	ADDRESS				١
CITY-ST-ZIP			4.4 CIT	Y-ST	r-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Char	nge 🔲 Addi	tion
NAME			5.2 NAM	ΜE					
STREET ADDRESS			5.3 STA	EET A	ADDRESS				
CITY-ST-ZIP			5.4 CITY		1-2IP]
TITLE		☐ DELETE	6.1 TITLE				Char	nge 🔲 Addi	lion
NAME			6.2 NAMI						
STREET ADDRESS					ADDRESS				i
CITY-ST-ZIP	nu partify that the information available	and with this filing does not exist.	6.4 CITS	Y-S1	-ZIP	in Section 119 07/3/6) Elorida Statutes	I further cording	that the	
informatio I am an o appears i	flicer or director of the or position n Block 12 or Block 13 if change,	supplemental annual report is to or the ecciver or trustee empower or or an attachment with an add	ue and ac ered to ex ress.	cour	rate and that r ute this report	in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal as required by Chapter 607, Florida St	effect as if made atutes; and that i	under oath; my name	that

(Alm # 1)