FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200000054 (6)

R.G. PROCTOR & ASSOCIATES, INC.

FILED
Sep 09 1997 8:00am
Secretary of State

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Principal Place	e of B usines	s	Mai	Mailing Address				i eddingdi sen emich eider anter anter anter anter dater beier berer bieter bieter			
2301 LEON AVENUE VERO BEACH FL 32960 US				2301 LEON AVE. VERO BEACH FL 32980-5148							
US								3. Date Incorporated or Qualified 10/27/1992		e of Last F 5/1996	Report
2. Principal Place of Business				2a. Mailing Address				4. FEI Number	1	T A	pplied For
21				26				65-0377062		N	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22				27				5. Certificate of Status Desired		Fee R	equired
City & State				City & State				6. Election Campaign Financing			
23			28					Trust Fund Contribution		Added	to Fees
Zip	Country			Zip Cou				8. This corporation has liability for it			s. 199.032,
24		25	29		30				Yes 📭		
<u> </u>		and Address of Cu	rrent Registe	ered Agent				10. Name and Address of New Reg	listered A	gent	
	ictor, ro					81	Name				
	1 LEON AV					82	Street Ad	dress (P.O. Box Number is Not Acceptab	e)		
VERO BEACH FL 32960											
						83					
						84	City			85 Zip	Code
						54	City		FL	65 2/P	Code
11. Pursuant	to the provis	ions of Sections 607	0502 and 60	7.1508, Florida Stat	lutes, the a	pove	named co	prporation submits this statement for the p	rpose of	hanging i	ts registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE		THE PERSON NAMED IN		1072					97	47	
SIGNATURE	Signature, typed	or printed name of registere	d agent and tile if	applicable (N	OTE Registere	d Ago	nt signature req	quired when reinstating)	DATE	<u>· , , , , , , , , , , , , , , , , , , ,</u>	
12.		OF FICERS	AND DIRECT		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	<u> </u>
TITLE	D			☐ DELETE	1.1 7	TLE			[Change	☐ Addition
NAME		r, robert g			1.2 N	AME	ŀ				i
STREET ADDRESS	2301 LE				1.3 \$	TREET	ADORESS				
CITY-ST-ZIP	VERO BI	EACH FL 32960			1.4 C	ITY-S	1 - ZIP				1
TITLE	D			☐ DELETE	2.1 1	TLE				Change	☐ Addition
NAME		r, nancy s			2.2 N	AME					
STREET ADDRESS	2301 LE				2.3 S	TREET	ADDRESS				
CITY-ST-ZIP	VERO BE	EACH FL 32980			2.40	ITY-S	IT-ZIP				
TITLE	· · · · · · · · · · · · · · · · · · ·			DELETE	3.1 T	TLE				Change	Addition
NAME					3.2 N	AME					
STREET ADDRESS					3.3 \$	TREET	ADDRESS				
CITY-ST-ZIP					3.4. 0	ITY-S	T - ZIP				
TITLE				DELETE	4.1 T	TLE				Change	Addition
NAME					4.2 N	IAME					
STREET ADDRESS	•				4.3 S	TREET	ADDRESS				
CITY-ST-ZIP					44 C	ITY - \$1	I - ZIP				
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NAME					5 2 N	AME					
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP						TY-S1	1				ĺ
TITLE				DELETE	611				1	Change	Addition
NAME					6 2 N	AME			-		
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP					640	TY-SI	1 - ZIP	· · · · · · · · · · · · · · · · · · ·			

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida 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 on an attachment with an address.