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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P92000001069 (3)

FILED Mar 28 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 4141 PINE FOREST RD CANTONMENT FL 32533 US CANTONMENT FL 32533 US CANTONMENT FL 32533-6545 US			-6545			
		•		3. Date Incorporated or Qualified 38. Date of Last Repo	ort	
				10/26/1992 04/02/1996		
·····	Place of Business	2a. Mailing Address		1	ed For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			pplicable	
22]		Sune, Apr. #, etc.		5. Certificate of Status Desired See Regu		
City & State		City & State		Election Campaign Financing \$5.00 M		
23]		28		Trust Fund Contribution Added to F		
Zφ	Gountry	Zip	Country	8. This corporation has liability for intangible tax under s. 19		
24	25]	29	30	Florida Statutes Yes No		
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registered Agent		
	LLINGSWORTH, FARRELL		81 Nar	me		
	41 PINE FOREST RD		82 Stre	eet Address (P.O. Box Number is Not Acceptable)		
CA	INTONMENT FL 32533		-		···	
			83			
			84 Cit	FL 85 Zip Co	de	
11 Present	e to the recorder of Southern 607 050	12 and 607 1509 Florida Stat	utes the shous-nan	ned corporation submits this statement for the purpose of changing its r	agistored	
SIGNATURE	Signature typed or period name of registered age OFFICERS AN	D DIRECTORS	13.	ature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
31/16	D	DELETE	1.1 TITLE	[] Change [Addition	
NAME	KILLINGSWORTH, FARRELL		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRE	SSS		
CHIV-ST-ZIP	CANTONMENT FL 32533	DELETE	1.4 CITY-ST~ZIP	T.] Change	Addition	
1/T.F		["] DETEIR	2.1 TITLE	ry cyange	Addition	
NAME OTROCE AND DOCUMENT			22 NAME	· on		
STREET ADDRESS OFFESTEZIP	` {		2.3 STREET ADDRE			
TILIT Gal-21-36		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Addition	
NAME			3.2 NAME			
STREET ADDRESS	,		3.3 STREET ADDRE	ess		
CHT+S1-769	Ţ.		34 CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Addition	
MAME			4.4311415	1		
STEGEL ADDRESS			4 2 NAME	1		
			4 2 NAME 4 3 STREET ADDRE	iss		
Clth - Sr - ZlP				:55		
CBa+S4-7P Table		DELETE	4 3 STREET ADDRE		Addition	
Marian and the second of the second		DELETE	4 3 STREET ADDRE		Addition	
1011		DELFTE	4.3 STREET ADDRE 4.4 CITY - ST - ZIP 5.1 TITLE	☐ Change [Addition	
Till! NAVe			4.3 STREET ADDRE 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME	☐ Change [
THEET ADDRESS		☐ DELETE	4 3 STREET ADDRE 4.4 CITY - ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRE	☐ Change [Addition	
THUE NAVE STREET ADDRESS OF Y-SE-769			4.3 STREET ADDRE 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRE 5.4 CITY - ST - ZIP	☐ Change [
THEET ADDRESS OF Y-SE-769 THEE			4.3 STREET ADDRE 4.4 CITY- ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRE 5.4 CITY-ST-ZIP 6.1 TITLE	Change Change		
THEE NAME STREET ADDRESS OF Y-ST-ZES THEE NAME STREET ADDRESS OF Y-ST-ZES		☐ DELETE	4.3 STREET ADDRE 4.4 CITY- ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRE 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRE 6.4 CITY- ST-ZIP	Change Change	Addition	

4. I do hereby cerally that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this timual report in 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 direction of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or in in attachment with an address.

SIGNATURE AND TYPED ON PRINTED HAME OF SIGNING DEFICER OR DIRECTOR IN KILLING SWORTH 3-24-97 904-474-4000