

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000005660 (5)**

1. Corporation Name

SOLEDAD MANAGEMENT CORPORATION



Principal Place of Business

**107 SHELL TRAIL
WELAKA FL 32189**

Mailing Address

**P.O. BOX 678
SATSUMA FL 32189-0678
US**

3. Date Incorporated or Qualified
11/16/1992

3a. Date of Last Report
04/28/1995

4. FEI Number
59-3151398

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 **121 RIVER ROAD**

Suite, Apt. #, etc.

22 City & State

23 **SATSUMA FL**

24 Zip **32189**

25 Country **FLORIDA**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

**DANIEL L. WILSON
107 SHELL TRAIL
P.O. BOX 678
SATSUMA FL 32189**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Daniel L. Wilson

Date of Registered Agent Signature

4/24/92

12. OFFICERS AND DIRECTORS

TITLE DELETE

**P
DANIEL L. WILSON
107 SHELL TRAIL, P.O. BOX 678
SATSUMA FL**

TITLE DELETE

**VP
PATRICIA L. BARKSDALE
107 SHELL TRAIL, P.O. BOX 678
SATSUMA FL**

TITLE DELETE

**D
JOHN R. NELSON
3700 NW 91ST STREET, SUITE A200
GAINESVILLE FL**

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

Change Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

Change Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

Change Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

Change Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

Change Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Change Addition

14. I do 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), 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 changed, or on an attachment with an address

SIGNATURE:

Daniel L. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/92 352-338-0815

DATE

Telephone Prefix #

CR2E034 (12/95)