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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

## DOCUMENT # P92000007749 (4)

OUTDOOR MANAGEMENT SERVICES OF CENTRAL FLORIDA, INC.

| Principal Place                                    | Mailing Address   | ddress  |   |                            | e embitmit jes iffing tidit dater dater marte | MBILL MBISS 14  |             | . 1911 (88)                       |                      |  |
|--|---|---|---|----------------------------|---|---|-------------|-----------------------------------|----------------------|--|
| 700 6TH STREE<br>WINTER HAVEN                      |   | 700 6TH STREET, SW<br>WINTER HAVEN FL 33880-1                           | 0 6th street. Sw<br>Nter Haven Fl 33880-3327          |                            |   |   |             |                                   |                      |  |
|  |   |   |   |                            |   | 3. Date Incorporated or Qualified 11/30/1992 3s. Date of Last Report 01/31/1996   |             |                                   |                      |  |
| 2. Principal Place of Business 2a. Mailing Address |   |   |   |                            |   | 4. FEI Number   |             | A                                 | pplied For           |  |
| 1  |   | 26  |   |                            |   | 59-3153455  |             |                                   | ot Applicable        |  |
| Suite, Apt. #, etc.                                |   |   |   |                            |   | 5. Certificate of Status Desired  |             | \$8.75 Additional<br>Fee Required |                      |  |
| City & State                                       | ()  | City & State  |   |                            |   | 6. Election Campaign Financing  |             |                                   | May Be               |  |
|  |   | 28  |   |                            |   | Trust Fund Contribution   |             |                                   | to Fees              |  |
| Zip  | Country   | Zip   | Cour  | ntry                       |   | 8. This corporation has liability for   |             |                                   | . 199.032,           |  |
|  | 25  | 29  | 30  | ·····                      |   |   | Yes [       |                                   |                      |  |
|  | 9. Name and Address of Curr   | ent Registered Agent  |   | <b>81</b> Na               | ame   | 10. Name and Address of New Re  | gistered /  | lgent                             |                      |  |
|  | Ger, Richard<br>BTH Street, S.W.  |   | Į   | 31                         | u i ic  |   |             |                                   |                      |  |
|  |   |   | 82 Street Address (P.O. Box Number is Not Acceptable) |                            |   |   |             |                                   |                      |  |
| Mildi  | ER HAVEN FL 33880   |   | ł   | 83                         |   |   | ······      | <del></del>                       |                      |  |
|  |   |   | - [   | _   _                      |   | ·····   | ····        | T: T =:                           |                      |  |
|  |   |   |   | 84 C                       | ty  |   | FL          | <b>85</b> Zip                     | Code                 |  |
| I1. Pursuant t                                     | to the provisions of Sections 607.0   | 502 and 607.1508, Florida Statul  | tes, the at   | ove-na                     | med cor                                       | poration submits this statement for the p   | urpose of   | changing                          | its registered       |  |
| office or re<br>agent. La                          | egistered agent, or both lin the Sta<br>m familiar with, and accept the obl   | ite of Florida. Such change was i<br>ligations of, Section 607.0505, Fl | authorizec<br>orida Stati                             | d by the<br>utes.          | corpora                                       | ition's board of directors. I hereby accep  | ot the appo | ointment as                       | s registered         |  |
| SIGNATURE  |   |   |   |                            |   |   |             |                                   |                      |  |
|  | Sincidus. Typed or parts dinamic of registered.                               |   |   | Agent sig                  | nature requ                                   | ired when reinstating)  | DATE        |                                   |                      |  |
| 2.   | 12  | AND DIRECTORS  DELETE   | 13.   |                            | <del></del>                                   | ADDITIONS/CHANGES TO OFFIC  | ERS AND     |                                   | RS IN 12<br>Addition |  |
| IRE  | D<br>Dugger, Richard  | ר"ו הניננונ   | 1.1 TH  | -                          | -   |   |             | Change                            | L.J Agonion          |  |
| AME  | 104 BUCHANAN DRIVE  |   | 1.2 NA  |                            | orce  |   |             |                                   |                      |  |
| TREET ADORESS<br>THY-ST-2011                       | WINTER HAVEN FL 33884   |   | T T   | REET ADDI<br>Ty - St - Zif |   |   |             |                                   |                      |  |
| TLE  | D   | DELETE  | 2.1 TiT   |                            |   |   |             | Change                            | Addition             |  |
| AME  | WEATHERS, REX G   |   | 2.2 NA  | ME                         |   |   |             |                                   |                      |  |
| TREET ADORESS                                      | 304 LOS PRADOS  |   | 2.3 ST  | REET ADDI                  | IESS  |   |             |                                   |                      |  |
| afy - \$1 - 719                                    | SAFETY HARBOR FL 34895  | _   | 2. 4 Ct   | TY-\$1-Z                   | _ ا   |   |             |                                   |                      |  |
| ITLF   |   | ☐ DELETE  | 3.1 10  | LE                         |   |   |             | Change                            | Addition             |  |
| AM:  |   |   | 3.2 NA  | ME                         |   |   |             |                                   |                      |  |
| OREET ADDRESS                                      |   |   | 1   | reet addi                  |   |   |             |                                   |                      |  |
| aty - St - ZIP                                     |   | ☐ DELETE  |   | TY-ST-ZI                   | ,   |   |             | Change                            | Addition             |  |
| 'Ili.E   |   | ☐ ottest  | 4.1 111   | _                          |   |   |             | L.J Change                        | L.J. Audition        |  |
| JAME<br>STREET ADDRESS                             |   |   | 4 2 N/  | rme<br>Reet addi           | acee  |   |             |                                   |                      |  |
| SITY-S1-7/P  |   |   |   | IY-ST-ZIF                  | 1   |   |             |                                   |                      |  |
| ut-21-0-   |   | DELETE  | 5.1 TIT   |                            |   |   |             | Change                            | Addition             |  |
| IAMÉ   |   | -   | 5.2 NA  |                            |   |   |             |                                   |                      |  |
| STREET ADDRESS                                     |   |   | 5.3 ST  | REET ADDI                  | KESS  |   |             |                                   |                      |  |
| aty-St-ZP  |   |   | 5.4 CIT   | IY - ST - 7.IF             |   |   |             |                                   |                      |  |
| TILE   |   | DELETE  | 6.1 TIT   | LE                         |   |   |             | Change                            | Addition             |  |
| NAMÉ   |   |   | 6.2 NA  | ME                         |   |   |             |                                   |                      |  |
| STREET ADDRESS                                     |   |   | 6.3 ST  | reet addi                  | IESS  |   |             |                                   |                      |  |
| CITY - ST - ZIP                                    |   |   |   | Y-ST-ZIF                   |   |   |             |                                   |                      |  |
| informatio<br>Lam an ol                            | ir indicated on this annual report of<br>Hicer or director of the corporation | ir supplemental annual report is t                                      | true and a<br>vered to e                              | ocurate                    | and tha                                       | d in Section 119.07(3)(i), Florida Statute<br>at my signature shall have the same lega<br>ort as required by Chapter 607, Florida S | l effect as | if made u                         | nder oath; tha       |  |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SONING OFFICER OR DIRECTOR

3-11-97

941-324-8776

**FILED** 

Mar 17 1997 8:00am

Secretary of State

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