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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200008368 (2)

GONZALEZ DRAFTING SERVICE, INC.

Principal Place 124 8. MAGNO OCALA FL 344 US 2. Principal Pl 21 Suite, Apt.	OLIA 174 lace of Business	Mailing Address 124 S. MAGNOLIA OCALA FL 34474-4154 US 2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/20/1992 4. FEI Number 59-3152266	3a. Date of Last Report 04/29/1996
City & State		27 City & State 28		Certificate of Status Desired Election Campaign Financing Trust Fund Contribution	Fee Required \$5.00 May Be Added to Fees
Zip 24	Country 25 9. Name and Address of Current	7(p)	Country	B. This corporation has liability for in	ntangible tax under s 199.032, Yes
108 OCH	NZALEZ, WILLIAM 50 SE 141 AVE RD KLAWAHA FL 32179 to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obliga	and 607.1508, Florida Statutes of Florida. Such change was au tions of, Section 607.0505, Flori	83 84 Cily	ess (P.O. Box Number is Not Acceptable or the polynomial or the po	FL 85 Zip Code
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent's gnature required) 12. OFFICERS AND DIRECTORS 18.					DATE DIDECTORS IN 49
12. TITLE NAME STREET ADORESS CITY-ST-ZIP	PVST GONZALEZ, WILLIAM 10850 SE 141 AVE RD OCKLAWAHA FL 32179	DELETE DELETE	13. 1.1 TILLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP	ADDITIONS/CHANGES 10 OFFICE	ERS AND DIRECTORS IN 12 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, WILLIAM 10850 SE 141 AVE RD OCKLAWAHA FL 32179	☐ DELETE	2.1 TITLE 2.2 NAME 2.8 STREET ADDRESS 2.4 CITY-S1-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DÉLETE	3.1 TITLE 3.2 NAME 3.8 STREET ADDRESS 3.4. CITY-ST-7IP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DELETE	4.4 TITLE 4.2 NAME 4.8 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS		DELETE	5.4 TITLE 5.2 NAME 5.8 STREET ADDRESS	en Maria (Maria (Maria (Maria), Index), edan kadal defende arreado arreado (Maria (Mar	Change Addilion
CITY-ST-ZIP		T briefe	5.4 CITY - ST - ZIP		C Shares C Addition

14. To hereby certify that the information supplied with this big of 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 suppliering if 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 compilion or the recovery of nowwered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Blo

William Gonzalez 4/25/97 352-867-1928

FILED

May 02 1997 8:00am

Secretary of State

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