SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000014733 (9)

FILED Aug 05 1997 8:00am Secretary of State

| Principal Place 1600 LOBLO LYNN HAVEN US | | Mailing Address P.O. BOX 820 LYNN HAVEN FL 3244 | 4 | *** **** | | DO NOT WRITE 3. Date Incorporated or Qualified | IN THIS S | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------------------------|------------|-----------------------------|----------------------------------------|
| B. Deinelaul F | Near of Fluciana | 2a. Mailing Address | | | | 01/01/1993 4. FEI Number | 04/ | 26/1996 | |
| 2. Principal Place of Business 21 | | 28. Walling Address | | | 4. FEI Number Applied For Not Applied For Not Applied For | | | | |
| Suite, Apt. | . #, etc. | Suite, Apt. #, etc. | | | | Certificate of Status Desired | | \$8.75 | |
| 22 | | 27 | | | | | <u> </u> | Fee Re | <u></u> |
| City & Stat | te | City & State | | | | 6. Election Campaign Financing | | \$5.00 | |
| Zip | Country | | Cou | ntry | | Trust Fund Contribution 8. This corporation owes or has pair | | Added to | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax due June | | | No |
| | g. Name and Address of Curre | nt Registered Agent | | | | 10. Name and Address of New Reg | istered A | gent | |
| | CNEK, LINDA | | | 81 | Name | | | | |
| | 00 LOBLOLLY LANE 'NN HAVEN FL 32444 | | | 82 | Street Addre | ress (P.O. Box Number is Not Acceptable) | | | |
| L1 | NN DAVEN FL 32444 | | | 83 | | | - | | |
| | | | | 0.4 | 0 | | | | Ondo |
| | | | | | City | | FL | | Code |
| office or a agent. I a SIGNATURE | registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag | pations of, Section 607.0505, | Florida Stat | utes. | | oration submits this statement for the puon's board of directors. I hereby accept | t the appo | pintment as | registered |
| 40 | OFFICERS AN | | OTE HOGHTO | a rigoin | organisto regar es | | | | |
| 14. | | ID DIRECTORS | 13. | | | | | DIRECTOR | S IN 12 |
| TITLE | PST | DELETE | 13. | TLE | | ADDITIONS/CHANGES TO OFFICE | | DIRECTOR Change | S IN 12 |
| · | MCNEIL, STEVE | | | | | | | | |
| TITLE NAME STREET ADDRESS | MCNEIL, STEVE 1600 LOBLOLLY LANE | | 1.1 TII 1.2 NA 1.3 ST | ME Reet ac | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MCNEIL, STEVE 1600 LOBLOLLY LANE LYNN HAVEN FL | ☐ DELETE | 1.1 TII 1.2 NA 1.3 ST 1.4 CI | ME Reet ac ty-st- | | | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | MCNEIL, STEVE 1600 LOBLOLLY LANE LYNN HAVEN FL V | | 1.3 TII 1.2 NA 1.3 ST 1.4 CI 2.3 TII | ME Reet ac Ty-St- Tle | | | | | |
| TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME | MCNEIL, STEVE 1600 LOBLOLLY LANE LYNN HAVEN FL V MCNEIL, LINDA | ☐ DELETE | 1.3 TH 1.2 NA 1.3 ST 1.4 CF 2.3 TH 2.2 NA | ME Reet ac Ty-St- Tle | ZIP | | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | MCNEIL, STEVE 1600 LOBLOLLY LANE LYNN HAVEN FL V | ☐ DELETE | 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST | ame Reet ac TY-ST- TLE | ZIP DDRESS | | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | MCNEIL, STEVE 1600 LOBLOLLY LANE LYNN HAVEN FL V MCNEIL, LINDA 1600 LOBLOLLY LANE | ☐ DELETE | 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST | ME REET AE TY-ST- TLE AME REET AE | ZIP DDRESS | | ERS AND | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MCNEIL, STEVE 1600 LOBLOLLY LANE LYNN HAVEN FL V MCNEIL, LINDA 1600 LOBLOLLY LANE | ☐ DELETE | 1.5 TIT 1.2 NA 1.3 ST 1.4 CI 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA | REET AC TY-ST- TLE AME REET AC ITY-ST- TLE | ZIP DDRESS -ZIP | | ERS AND | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | MCNEIL, STEVE 1600 LOBLOLLY LANE LYNN HAVEN FL V MCNEIL, LINDA 1600 LOBLOLLY LANE | ☐ DELETE | 1.5 TIT 1.2 NA 1.3 ST 1.4 CI 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST | ME REET AC TY-ST- TLE REET AC ITY-ST- TLE AME REET AC REET AC REET AC | ZIP DORESS -ZIP DORESS | | ERS AND | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MCNEIL, STEVE 1600 LOBLOLLY LANE LYNN HAVEN FL V MCNEIL, LINDA 1600 LOBLOLLY LANE | ☐ DELETE | 1.5 TIT 1.2 NA 1.3 ST 1.4 CI 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4, Ci | ME REET AC TY-ST- TLE REET AC TTY-ST- TLE MME REET AC TTY-ST- TLE TTY-ST- TLE TTY-ST- | ZIP DORESS -ZIP DORESS | | ERS AND | Change Change Change | Addition Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | MCNEIL, STEVE 1600 LOBLOLLY LANE LYNN HAVEN FL V MCNEIL, LINDA 1600 LOBLOLLY LANE | ☐ DELETE | 1.5 TIT 1.2 NA 1.3 ST 1.4 CI 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST | REET AC TY-ST- TLE AME REET AC TLE AME REET AC TTY-ST- TLE | ZIP DORESS -ZIP DORESS | | ERS AND | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE NAME STREET ADDRESS CITY-ST-ZIP TITLE | MCNEIL, STEVE 1600 LOBLOLLY LANE LYNN HAVEN FL V MCNEIL, LINDA 1600 LOBLOLLY LANE | ☐ DELETE | 1.5 TTI 1.2 NA 1.3 ST 1.4 CI 2.1 TTI 2.2 NA 2.3 ST 2.4 CI 3.1 TTI 3.2 NA 3.3 ST 3.4 CI 4.1 TTI 4.2 NA | REET AC TY-ST- TLE AME REET AC TLE AME REET AC TTY-ST- TLE | ZIP DORESS -ZIP DORESS -ZIP | | ERS AND | Change Change Change | Addition Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MCNEIL, STEVE 1600 LOBLOLLY LANE LYNN HAVEN FL V MCNEIL, LINDA 1600 LOBLOLLY LANE | DELETE DELETE | 1.5 TII 1.2 NA 1.3 ST 1.4 CI 2.4 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NJ | REET AD TY-ST- TLE AME REET AD TTY-ST- TLE | ZIP DORESS ZIP DORESS ZIP DORESS | | ERS AND | Change Change Change | Addition Addition Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | MCNEIL, STEVE 1600 LOBLOLLY LANE LYNN HAVEN FL V MCNEIL, LINDA 1600 LOBLOLLY LANE | ☐ DELETE | 1.5 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 NA 4.3 ST 4.4 CF | ME REET AC IY-ST- ILE AME REET AC ITY-ST- ILE AME REET AC ITY-ST- ILE AME REET AC ITY-ST- ILE | ZIP DORESS ZIP DORESS ZIP DORESS | | ERS AND | Change Change Change | Addition Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MCNEIL, STEVE 1600 LOBLOLLY LANE LYNN HAVEN FL V MCNEIL, LINDA 1600 LOBLOLLY LANE | DELETE DELETE | 1.5 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA | ME REET AC TY-ST- TLE MME REET AC REET AC TLE MME | ZIP DORESS -ZIP DORESS -ZIP DORESS -ZIP DORESS -ZIP | | ERS AND | Change Change Change | Addition Addition Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | MCNEIL, STEVE 1600 LOBLOLLY LANE LYNN HAVEN FL V MCNEIL, LINDA 1600 LOBLOLLY LANE | DELETE DELETE | 1.5 TII 1.2 NA 1.3 SI 1.4 CI 2.1 TII 2.2 NA 2.3 SI 2.4 CI 3.1 TII 3.2 NA 4.3 SI 4.4 CI 5.1 TII 5.2 NA 5.3 SI | ME REET AC TY-SI- TLE MME REET AC TITY-SI- TLE MME REET AC TITY-SI- TLE AMME REET AC TITY-SI- TLE TLE THE TAC | ZIP DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP DDRESS | | ERS AND | Change Change Change | Addition Addition Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MCNEIL, STEVE 1600 LOBLOLLY LANE LYNN HAVEN FL V MCNEIL, LINDA 1600 LOBLOLLY LANE | DELETE DELETE DELETE | 1.5 TII 1.2 NA 1.3 SI 1.4 CI 2.1 TII 2.2 NA 2.3 SI 2.4 CI 3.1 TII 3.2 NA 4.3 SI 4.4 CI 5.1 TII 5.2 NA 5.3 SI 5.4 CI | ME REET AC TY-SI- FLE MME REET AC REET | ZIP DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP DDRESS | | ERS AND | Change Change Change Change | Addition Addition Addition Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | MCNEIL, STEVE 1600 LOBLOLLY LANE LYNN HAVEN FL V MCNEIL, LINDA 1600 LOBLOLLY LANE | DELETE DELETE | 1.5 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST 5.4 CI | ME REET AC ITY-ST- ILE MME REET AC ITY-ST- ILE MME REET AC ITY-ST- ILE AME REET AC ITY-ST- ILE MME REET AC ITY-ST- ILE ITY-ST- ILE ITY-ST- ILE ITY-ST- ILE ITY-ST- ILE | ZIP DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP DDRESS | | ERS AND | Change Change Change | Addition Addition Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MCNEIL, STEVE 1600 LOBLOLLY LANE LYNN HAVEN FL V MCNEIL, LINDA 1600 LOBLOLLY LANE | DELETE DELETE DELETE | 1.5 TIT 1.2 NA 1.3 ST 1.4 CI 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 4.2 NA 4.3 ST 4.4 CF 5.1 TIT 5.2 NA 5.3 ST 5.4 CI 6.1 TIT 6.2 NA | ME REET AC ITY-ST- ILE MME REET AC ITY-ST- ILE MME REET AC ITY-ST- ILE AME REET AC ITY-ST- ILE MME REET AC ITY-ST- ILE ITY-ST- ILE ITY-ST- ILE ITY-ST- ILE ITY-ST- ILE | ZIP DORESS -ZIP DORESS -ZIP DORESS ZIP DORESS ZIP | | ERS AND | Change Change Change Change | Addition Addition Addition Addition |

14. 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.

1044-1105 Store ME A) a: (Store Me A)eil 8/1/97 (850) 365-3266