LE,NOV	N: FILING FEE AL	TER M	AY 1 IS	\$225	5.00					
CORP	ORATION	FL	ORIDA DEPAR	RTMENT OF B. Mortham	STATE					
	L REPORT	3	Secreta	ry of State		1				
19	995	5)	DIVISION OF C	CORPORAT	IONS	_				
CUM	IENT # P 9300000	0770								
Corporation N	ND & JOHNSON ROC		NC							
HAPIPU	אט אוטכאוווטטני א עא	JI ING I	NC i							
						_				
rincipal Place o	f Business DREW STREET	Mailing Ac	idress							
BROOKSVILLE FL 34609							DO NOT WAITE			
						T	3. Date Incorporated or Qualified 1-6-93	3a. Date	e of Last Repo	rt
		L Dr. Malin	Addross				4. FEI Number	<u> </u>	App	lied For
. Principal Plac	ce of Business	28. Mailing	2a. Mailing Address 26				59-3163293			Applicable
Suite, Apt. #,	, etc.	Suite,	Suite, Apt. #, etc.				5. Certificate of Status Desired	ХX	\$8.75 A	
City & State		27 City 8	City & State				6. Election Campaign Financing		\$5.00	
City & State		28		······	<u> </u>	_	Trust Fund Contribution 8. This corporation has liability for	Intangible t	Added to ax under S. 19	
Zφ	Country 25	Zıp 29		Coun	u y	1	Florida Statutes	No		
	9. Name and Address of Curre		Agent				10. Name and Address of New I	legistered	Agent	
							ES WERNICKE	nle!		
`				ľ	82 Street Ac	514	(P.O. Box Number is Not Acceptal 5 DREW ST.			
<i>:</i>					83]	BRC	OKSVILLE FL 34	509		
				1	84 City			Fl		
 Pursuant to or registere familiar with 	the provisions of Sections 607 050 ad agent, or both, in the State of Florin, and accept the obligations of, Sec. JAMES WERNICK	tion 607.0505	Horida Statutes	es, the aboved by the co	re-named con orporation's b	poration coard	on submits this statement to line port directors. I hereby accept the app		s registered ac	gent. I am
SIGNATURE L	Signature, typed or printed name of registered age	nt and hud if applicable	į NC	TE Registereri	Agent signature rec	owned w	nen reinstalling) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTORS	5 IN 12
12.	JOHNSON ROBERT	ND DIRECTORS	<u> </u>	1 1 1	TLE T				Change	Addition
NAME P	5145 Drew St.				ME					
STREET ADDRESS	Brooksville F1	. 34609	9		REET ADORESS TY - ST - ZIP					~
TITLE VP	JOHNSON CARL			21 10					Change	Additio
NAME	5145 Drew St.			2 2 N/						
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THILE				411			-03/07/960 -03/07/960 ***208.75	コン: 1058	⊃ ₩™ . -002	[_] would
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NAME					IAME STREET ADDRESS	ŀ				
STREET ADDRESS				.640	CITY - ST - ZIP			10.07/2003	Florida Statute	s further
14. I do herel	by certify that the information supplied the information indicated on this all	ed with this filing	is voluntarily fu supplemental ar	rnished and noual report	does not qua is true and ac	alify fo	r the exemption stated in Section 1 e and that my signature shall have to	re u/(3)(K). he same le Elorida Sta	gal effect as if stutes: and tha	made under 1 my name
oath, thai	at the information indicated on this at 11 am an officer or director of the col in Block 12 or Block 13 if changed, (rporation or the or on an attachn	receiver or trus nent with an ad	tee empowi idress	ered to execu	ite this	report as required by Chapter 607	FIUNDA SIG	Autes, and ma	,
	<i>/</i>	• 4 1	John	inte)	01	R. 2/29/96 352-	799-0	0228	
SIGNAT	FRIGRATURE AND TYPE		E OF SIGNING OFF	CER OR DIRE	CTOR		Date	<u> </u>	Davtime Phone 1	7-96
	NANNIE P	. WERNI	CKE					اد	<u>. </u>	