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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000013340 (3)

T. A. BUCHANAN, INC.

Deigram and	Disna	rof	Business
1 111 18, 44 20 10	1 4640/62	611	DUBINGS

Mailing Address

292 HAMMOCK DRIVE PALM HARBOR FL 34683 292 HAMMOCK DRIVE PALM HARBOR FL 34683



					02/23/1993		2/02/19	95
2. Frincipal Pla 21	ace of Business	2a. Mailing Address			4. FEI Number	- L		Applied For
Suite, Apt. #	# ptz	26			59-3167097			Not Applicable
22		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State	· · · · · · · · · · · · · · · · · · ·	City & State			Election Campaign Financin Trust Fund Contribution	9 🗆		May Be
Ζ φ . 1.1	Country	Zip	Cour	try	8. This corporation has liability	for intangible tax	k under s	199.032,
24	25	29	30		Florida Statutes	Yes No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of Ne	w Registered A	gent	
			['	31 Name				
	SON, ROBERT C III		1	Street Add	ress (P.O. Box Number is Not Acce	ntable)		
-	J.S. HWY 19 NORTH			J. J	1000 (101 001 101 101 101 101 101 101 10	Jicioloj		
SUITE 2			- 1	33				
Palm H	IARBOR FL 34684		- -	34 City			TT =	
				T		FL	11	Code
11. Pursuant to	o the provisions of Sections 607,0502	and 607.1508, Florida State	ites, the abov	e named corpo	ration submits this statement for the	- -	noina its r	egistered office
	ed agent, or both, in the State of Florid h, and accept the obligations of, Section			rporation's boa	ird of directors. I hereby accept the	appointment as i	registered	agent. I am
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	Coop Roman Charact						
	Steparture it speed or printed than is of registered against a	and trie it applicable (f	NOTE: Registered A	gunt signature require	id when reinstation	DATE		
12.	OFFICERS AND		13.	, g	ADDITIONS/CHANGES TO		DIRECTO	RS IN 12
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	292 HAMMOCK DR		1.2 NAM 1.3 STR					
STREET ADDRESS			1.3 SJR	EET ADDRESS				
STREET ADDRESS CITY: ST. ZIP	292 HAMMOCK DR	□ DELFTF	1.3 STR 1.4 C/TV	EET ADDRESS '- ST- ZIP			Channe	CO Addition
STREET ADDRESS CITY: ST. ZIP TITEF	292 HAMMOCK DR PALM HARBOR FL 34683 DVS	DECFTE	1.3 STR 1.4 CHY 2.1 THT	EET ADDRESS '- ST-ZIP E) Change	☐ Addition
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certify that the information indicated on this annual report is supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96 (813) 785-8872

ORIGINAL Date Date Proce 8