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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000015538 (0)

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10.6 NAME STREET ADORESS

office or r	to the provisions of Sections 607.0502 and 607, egistered agent, or both, in the State of Florida in familiar with, and accept the obligations of, So	Such change was aut	thorized by the corp	corporation submits this sta oration's board of directors	atement for the purpos. I hereby accept the	ose of changing its appointment as	s registered registered	
SIGNATURE	Signative type to printed name of registered agent and title if ap	plicable (NOTE I	Registered Agent algorature	required when reinstating) a	. The state of the state of the D	ATE :	1 18 × 30	140
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
THE	P	DELETE	1.1 TITLE			Change 1	Addition	96/6)
NAME	WILLEY, THOMAS G		1.2 NAME					
STREET ADDRESS	1900 TAMIAMI TRAIL UNIT 139		1.3 STREET ADDRESS					CR2E034
CITY - ST - ZIP	PORT CHARLOTTE FL		1.4 City-St-ZiP				I	Z
HILF	3	DELETE	21 TITLE			Change	Addition	$\overline{o}$
NAME:	WILLEY, STEPHANIE		2 2 NAME				ĺ	
STREET ADORESS	1900 TAMIAMI TRAIL UNIT 139		2 3 STREET ADDRESS					
CHY SI-76°	PORT CHARLOTTE FL		2.4 City-St-ZiP					
1011	T	DELETE	3.1 TITLE			Change	Addition	
NAME	WILLEY, SCOTT		3.2 NAME					
STREET ADORESS	1900 TAMIAMI TRAIL UNIT 139		3.3 STREET ADDRESS				-	
C011 S - 21P	PORT CHARLOTTE FL		3.4. CITY-ST-ZIP	•				
DHE	VP	DELETE	4.1 TITLE			Change	☐ Addition	
NAME	HEDRICH, DONALD		4. 2 NAME					
STREET ADDRESS	1900 TAMIAMI TRAIL UNIT 139		4.3 STREET ADDRESS					
CITY - \$1 - ZIP	PORT CHARLOTTE FL		4.4 City - St - ZIP	4			I	
THIE		DELETE	5.1 TITLE			Change	Addition	
NAM1			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS	٠				
CHY-\$1-76			54 CITY-ST-ZIP					

6.4 CITY-ST-ZIP 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

FILED								
Apr 04 1997 8:00am								
Secretary of State								

3/29/97 941-255-1378

T. WILLE		<b>\</b> , <b>/</b>						
Principal Place of Business Mailing Address  1900 TAMAMI TRAIL UNIT 139 PORT CHARLOTTE FL 33948  Mailing Address  1900 TAMAMI TRAIL UNIT 139 PORT CHARLOTTE FL 33948-2174								
US		US			3. Date Incorporated or Qualified 02/22/1993		te of Last Ri	eport
2. Principal I 21	Place of Business	2e. Mailing Address	<del></del>		4, FEI Number 59-3170985		Ap	oplied For of Applicable
Suite, Apt	#, etc	Suite Apt. #, etc.			5. Certificate of Status Desired		\$8.75 /	Additional
22     City & Sta	le	City & State			6. Election Campaign Financing		\$5.00	May Be
<b>23</b>   Z <sub>4</sub> p	Country	<b>28</b>	Count	ry	Trust Fund Contribution  8. This corporation has liability for	intangible	Added I tax under s. No	
24	25 9. Name and Address of Curren	29 t Registered Agent	30		Florida Statutes  10. Name and Address of New Re			·
WILL	LEY, THOMAS G		8	1 Name				
1900	D TAMIAMI TRAIL		8	2 Street Add	ress (P.O. Box Number is Not Accepta	ble)		
	t 139 Rt Charlotte fl 33948		8	3				A1846
	11 O.B.   M. B. O. I. E. D. O. I. E.			4 City			<b>85</b> Zip (	Code
			1			FL	.	
SIGNATURE	Signione type to printed name of rigistered age  OFFICERS AN	el and title if appliçable. (NOT	E Registered A		poration submits this statement for the tion's board of directors. I hereby acce	DATE	21.3 - 49.	at the control
12.	OFFICERS ANI	DELETE	13.	<del> </del>	ADDITIONS/CHANGES TO OFFI	CEHS ANI		Addition
NAME STREET ADDRESS		_	1.2 NAM	)			<u> </u>	
CITY - ST - ZIP TITUE	PORT CHARLOTTE FL	☐ DELETE	14 CITY 21 TITU	-ST-ZIP			Change	Addition
NAME	WILLEY, STEPHANIE	Dittit	2 2 NAM	ì			L Ondrige	Addition
STREET AFORESS	1900 TAMIAMI TRAIL UNIT 139			ET ADDRESS				
CHY ST-76°	PORT CHARLOTTE FL		2. 4 C(T)	-ST-ZIP	·····			
11114	WILLEY, SCOTT	L DELETE	3.1 7(T)	1			Change	Addition
NAME STREET ADDRESS	4000 TARRAM TOAM LINET 400		3.2 NAM	E AODRESS				
STREET ADDRESS	PORT CHARLOTTE FL			-ST-ZIP				
True	VP .	DELETE	4.1 TITL				Change	Addition
NAME	HEDRICH, DONALD		4. 2 NAN	18				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CHY-\$1-7IP	PORT CHARLOTTE FL	DELETE		- ST - ZIP		···	Change	Addition
THLE NAME		C) office	5.1 TiTLI 5.2 NAM	1			i ∩ixilige	L Addition
STREET ADDRESS				E1 ADDRESS				
CHY-S1-70			5.4 CITY	1	· · · · · · · · · · · · · · · · · · ·			
10.4		DELETE	61 TITLI				Change	Addition
NAME			62 NAM	i				
CLUCKET MINNESSE	1		£ 2 CTO	ET ADDOCCC				