FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P93000015728 (7)

ADEDAMBITED BY MINTER CREEN INC

Principa! Place of Business Mailing Address											
320 W LLOYD ST 320 W LLO											
PENSACOLA		PENSACOLA FL 32501			3. Date Incorporated or Qualified 03/02/1993	3a. Date of Last Report 02/13/1995					
2. Principal Plac	ce of Business	2a.	Mailing Address				4. FEI Number		L	polied For	
21		26					59-3170975			ot Applicable Additional	
Suite, Apt. #	, etc.		Suite, Apt. #. etc.				5. Certificate of Status Desired		T - · · ·	equired	
City & State		27	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28	1				Trust Fund Contribution Added to Fees				
Zip	Country		Ζφ	Cou	ntry		8. This corporation has liability for	intangible s □No	a tax under s	199.032,	
24	25	29]30]			Fiorida Statutes Ye. 10. Name and Address of New				
	9. Name and Address of Curre	nt Hegisi	erea Agent		81	Name	TO, Marile and Address of Them				
AICLEI I C	- MDOMIA A				00	Charl Add	ress (P.O. Box Number is Not Accepta	hlel			
	E, VIRGINIA A LLOYD ST			82	Street Add	ress (r.:O DOX MUTILIDELIS NOT Accepte					
	OLA FL 32501				83						
, 2, 10, 11					84	City			- 85 Zp	Code	
						•	ration submits this statement for the pa		EL O	aistored offic	
SIGNATURE.	h, and accept the obligations of Ser	dadbet	anwa Lataki (No		i Ajer	Csipidhire redor	ADDITIONS/CHANGES TO OF	FICERS A	•	RS IN 12	
12.	D	Y. J. Dil te. C.	DELETE	1.1	e	[" ·			Change	Add tion	
NAME	NEVILLE, VIRGINIA A			1.2 N	IAMÉ						
STREET ADDRESS	320 W LLOYD ST			139	ik F1	ADDRESS					
CITY-ST-ZIP	PENSACOLA FL 32501					5T - Z/P			Change	Addition	
TITLE			☐ DECETE		11ºLE				☐ Gliange	/Nadition	
NAME				1	IAME Hoger	LADORESS					
STREET ADDRESS						SI - ZIP					
CITY - ST - ZIF TITLE			DELFTE		TILE				Change	Addition	
NAME			•	321	NAME						
STREET ADDRESS				33	STREE	T ADDRESS					
CITY - \$1 - ZIP						ST-ZIP			Change	☐ Addition	
TITLE			DELETE	1	TIFLE	1			L] Gliange	C Round	
NAME					NAME	t Appaces					
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP TITLE			DELETE		TITLE	SI-712			☐ Change	Addition	
NAME			<u>_</u>		NAME						
STREET ADORESS				1		I ADDRESS					
CITY-ST-ZIP				5.4	CiTY:	S1 - ZiF			<u> </u>		
TITLE			DELETE	6.1	1171,6				☐ Change	Addition	
NAME					NAME						
STREET ADDRESS						LADURESS					
CITY-ST-ZIP				€4	СПҮ-	ST-ZIP					

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3/k), 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 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 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 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 certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3/k), Florida Statutes. I further certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3/k), Florida Statutes. I further certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3/k), Florida Statutes. I further certify that the information indicated in Section 119.07(3/k), Florida Statutes. I further certify that the information indicated in Section 119.07(3/k), Florida Statutes. I further certify that the information indicated in Section 119.07(3/k), Florida Statutes. I further certify that the information indicated in Section 119.07(3/k), Florida Statutes. I further certify that the information indicated in Section 119.07(3/k), Florida Statutes. I further certify that the information indicated in Section 119.07(3/k), Florida Statutes. I further certified in Section 119.07(3/k), Fl