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

PROFIT CORPORATION ANNUAL REPORT



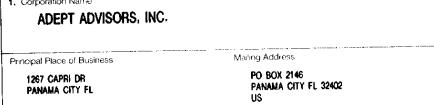
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P93000021932 (7)

DOCUMENT #





Principal Place of Business Mailing Address										
1267 CAPRI DR Panama City Fl			PO BOX 2146 PANAMA CITY FL 32402							
			U\$				3. Date Incorporated or Qualified 03/22/1993	3a. Date	of Last 04/27	/1995
2. Principal Place of Business			, Mailing Address				4. FEI Number			Applied For
21		26	6				65-0387469		¢0.	Not Applicable
Suite, Apt. #, etc			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			City & State				Election Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees
23		28	7	Cou	aln/		8. This corporation has liability for	intangible ta		
Zip Country		29	Zip	30			Florida Statutes Yes No			
9. Name and Address of Currer			tered Agent				10. Name and Address of New Registered Agent			
	g, Hame and Addition	· -			81	Name				
HARDEE, LAURANCE A					82	Street Addr	ddress (P.O. Box Number is Not Acceptable)			
1267 CAPRI DR Panama City FL 32405				ļ	83					
PANA	MA CITY FL 32900				84	C.b.			85	Zıp Code
	to the provisions of Sections 607,0502					City		FL	_!	
SIGNATURE	red agent, or both, in the State of Fice it in and accept the obligations of, Sect State to the best of the state of the s	and the f	arriate iN		- آور ۸ ا	d signature de pure	ADDITIONS/CHANGES TO OF			
12.	DPST		DELETE	1.11	HLE	T			Char	ge 🔲 Addition
NAME	HARDEE, LAURANCE A			121	AM:					
STREET ADDRESS	1267 CAPRI DR			138	TREF	T ADDRESS				ļ
CITY - ST - ZIP	PANAMA CITY FL 32405					SF ZIP		<u>.</u>	☐ Cha	nge 🔲 Addition
TITLE			DELFTE	2 1 22 N					_	_
NAME						i ADDRESS				
STREET ADDRESS						SI-ZIF				
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CITY ST-ZIP						ST ZIF			[] Cha	nge 🔲 Addition
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NAME				5.2	NAM	:				
STREET ADDRESS	s I			53	SIRE	ET ADDRESS				
CITY-ST-ZIP						- ST - 7iP			[] Ch	ange Addition
TITLE			DELETE.		THU.				_ S.,	, <u> </u>
NAME					NAM					
STREET ADDRESS	s					ET ADDRESS				

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charges or on an attachment with an address.

SIGNATURE: PRES SC -THES.
ING OPPICER OF DIRECTOR
SCHOOL STATE

Displayed Phone #