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 # P93000022698 (3)

FREEDOM SCREENING CORPORATION

Principal Place 1950 CUSTOM FT MYERS FL :	DRIVE	Mailing Address 1950 CUSTOM DRIVE FT MYERS FL 33907-210							
						3. Date Incorporated or Qualified 03/23/1993		ate of Last Re 108/1996	eport
·	lace of Business	2a. Mailing Address			4. FEI Number			plied For	
Suite, Apt	# ala	Suite, Apt. #, etc			65-0404958		\$8.75 A	t Applicable	
22	#, \$460	27			5. Certificate of Status Desired		30.73 P		
City & State	0	City & State				6. Election Campaign Financing		\$5.00	··
23		28				Trust Fund Contribution		Added t	
Zψ	Country	Zip	Countr			8. This corporation has liability for		_	199.032,
24	25	29	30			Florida Statutes XX Yes No			
4 1 1 1	ent Registered Agent		10. Name and Address of New Register 81 Name				Agent		
TAYLOR, CHARLES R 1950 Custom Dr.									
	MYERS FL 33907			82	Street Addre	ss (P.O. Box Number is Not Acceptal	ole)		
ri, i	MIEUO LE 20001		į.	83					
									
				84	City		FL	85 Zip (Code
office or r	registered agent or both, in the Sta im familiar with, and accept the obl	to of Florida. Such change wa gations of, Section 607.0505,	is authorized Florida Statu	ites	the corporation	oration submits this statement for the pon's board of directors. I hereby acce	ot the app	if changing its pointment as	s registered registered
	Signature, typed or protections of region to a		vO1E: Registered	Agen	d signature repuires	d when re-installing) ADDITIONS/CHANGES TO OFFI	DATE	D DIRECTOR	20 141 20
12.	PDST	NO DIRECTORS DELETE	1.1 717			ADDITIONS/CHANGES TO OFFI	JERS AIN	Change	Addition
NAME.	I	TAYLOR, CHARLES R						Grange	
STREET ADDRESS	1950 CUSTOM DRIVE			1.3 STREET ADDRESS					
011Y+S1+21F	FT MYERS FL 33907		1	1.4 CITY- ST-ZIP					
TITLE		DELETE	2.1 117					Change	Addition
NAME			2 2 NAI	2.2 NAME					
STREET ADORESS			2.3 STF	REET A	ADDRESS				
CITY-ST-ZIP			2 4 CI	[Y · S]	f-ZIP				
TITLE		L_1 DELETE		3 1 TITLE				Change	☐ Addition
NAMÉ	r			3.2 NAME					
STREET ADDRESS					ADDRESS				
CHY-S1-ZIP		OFTEN	34. CI 4 1 TIT		i-ZIP			☐ Change	Addition
THLE NAME		L_J officie	4. 2 NA					Unange	L Addition
STREET ADORESS					ADDRESS				
Offy-ST-7IF			43.317 44.011						
TILLE			5110					Change	Addition
NAME		100 - 1	5.2 NA					-	
STREET ADDRESS					ADDRESS				
CITY- ST- ZIP			5.4 CiT						
TITLE		DEFETE	6 t TiT	LF				Change	Addition
NAME			6.2 NA	ME					
1	1		6 A D14		Language				

14. To be hereby certify that the information supplied with this filing ooes 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 appears in Block 12 or Block 13 if changes 370 an attachment with an address.

6.4 CITY - ST - ZIP

SIGNATURE:

CHY-S1 ZIP

A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 6, 1997 941-936-2827

FILED

Jan 17 1997 8:00am

Secretary of State