FILE NOW: FILING FEE A					ן		
PROFIT: CORPORATION	OBIDA DEPARTME Sandra B. Mo		HAIL				
ANNUAL REPORT		Secretary of State					
1996							
DOCUMENT # 7930000	28614	į.					
B. A. PRINGLE. TINC.	Ν.						
LOXAHATCHEE FL	, , ,	33470					
Principal Place of Business	Mailing Ad	dress					
16522 915 PLACE N.	_	10//70					
LOXAHATCHEE, FL	ک	3470		•	3. Date incorporated or Qualified 3a. Date 4-19-93	of Last Repo	rt
2. Principal Place of Business	2a. Mailing	Address			4 FELNumber		led For
1	26				65-0406483	\$8.75 Ad	Applicable ditional
uile, Apt #, elc Suile, Apt #, elc 27					5. Certificate of Status Desired	Fee Req	
City & State 20					6. Election Campaign Financing  Trust Fund Contribution	\$5.00 M Added to	Fees
Zip Country	Country Zip Cou			у	B. This corporation has liability for inlangible     Florida Statutes	lax under s.	199.032,
9. Name and Address of Current	29    Registered A				10. Name and Address of New Registered	Ageni	
BARBARA A. PR	NGLE		81		dress (P.O. Box Number is Not Acceptable)		
11522 GIST MACE N.			<u> </u>	iress (F.O. box Northber 13 Not recognise)		<u>,                                      </u>	
LOXAHATCHEE, T	-(		[ 8:			85 Zip C	ode
		33470	1	·	FL	d changing its	registered
Pursuant to the provisions of Sections 607.050:     office or registered agent, or both, in the State	2 and 607.1500 of Florida. Suc	8, Florida Slalutes th change was au	, the abo thorized l	ve-named co by the corpor es	rporation submits this statement for the purpose talenasis board of directors. I hereby accept the ap	pointment as t	egistered
agent. I am familiar with, and accept the conga	Inoria di, dadin				DAIE		
Signature typed or printed name of registered age  12. OFFICERS ANI	nt and lide # applica D DIRECTORS	<u> </u>	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR Change	S IN 12 Addition
THE ROPERRA A. F.	PINGLE	DELETE	1 1 1191 1 2 NAM	1			
STREET ADDRESS 16522 915 F	6522 915 PLACE N.		1	EET AUDRESS			
CITY-ST-ZIP LOXAHATCITEE			2 1 Till	- S1 21P		Change	Addition
NAME			22 NAN	Į.			
SVREET ADDRESS	■ ·			EE1 ADDRESS (-S1-ZIP		Change	Addition
CHY-SI-2PP	DELETÉ 3		3 1 107			Change	
NAME CHART HODDES			3 2 NAM 3 3 STI	AE REE1 ADDRESS	•		
STREET ADDRESS  CITY-ST-ZIP			3 4 CIT	Y · SI · 7IP	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Change	Addition
TIFLE NAME		C occur	4 2 NA	wr .			
STREET ADDRESS				RLE1 ADDRESS Y-SE-ZIP		172	Addition
CITY-ST-2PP		DELETE	5 1 11	ILE		Change	
NAME			52 NA 53 SI	ME REET ADDRESS			
STREET ADORESS  CHY-ST-ZIP			5 4 CI	IY - SI - ZIP	<del>2000019</del> 21	<b>Cha</b> nge	Addition
TITLE		DELETE	6 1 11 6 2 N/	1		-030	•
NAME STREET ADDRESS			6351	REET ADDRESS			
1	and with this file	na je voluntarily (s	reiched :	ty-St-7IP and does not	quality for the exemption stated in Section 119.0 rue and accurate this report as required by Chap	(3)(k), Florida e the same lei	Statutes I gal effect as
and the hearthy parties that the information supply	ied wills in as im	INDICATION OF TO					
I fullyer certify that the information margares a	(4)	agration or the rec	niver or l	trustee empo	wered to execute this report as required by Chap	ler 607, Florid	a Statutes; a
14. I do hereby certify that the information supplifurther certify that the information indicated contact and certify that the information indicated contact and certificer or direct that my name appears in Block 12 or Block.  SIGNATURE: X Autor Canada Ca	ctor of the corn 13 if changed.	agration or the rec	niver or l	trustee empo	wered to execute this report as required by Chap  8/7/96	ler 607, Florid	