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

P93000038760 (3)

DOCUMENT #

1. Corporation Name

Principal Plac	LE COACHES CERTIFICATION e of Business 27 SOUTH MILTON FL 33851	Mailing Address P. O. BOX 9156 WINTER HAVEN FL US	33883		
				 Date Incorporated or Qualified 05/28/1993 	3a. Date of Last Report 07/27/1995
Principal Place of Business The Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3193311	Applied For
Suite, Apt #, etc.		Suite, Apt. #, etc.		39-3183311	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zφ	Country	8. This corporation has liability for	Added to Fees r intangible tax under s 199 032
24	9. Name and Address of Curren	t Registered Agest	30	Florida Statutes	s □ No
		Triegistered Agent	81 Name	10. Name and Address of New	Registered Agent
	e, blake r				
	.S. 27 SOUTH		82 Street Add	ress (P.O. Box Number is Not Accepta	ble)
LAKE	HAMILTON FL 33851		83		
			84 City		FL 85 Zip Code
 Pursuant to or register 	to the provisions of Sections 607.0502 ed agent or both, in the State of Florid	and 607.1508, Florida Statute	s, the above named corpo	ration submits this statement for the pu	- -
familiär wi	ed agent or both, in the State of Florid th, and accept the obligations of, Section	on 607.0505, Fiorida Statutes	ed by the corporation's boa	rd of directors. Thereby accept the app	ointment as registered agent. Lam
SIGNATURE					
12.	Signal in Especial printed name of registered ages to OFFICERS AND		H. Receibred Agent signal are require		[iA]t
TITLE	DP	DELETE	13.	ADDITIONS/CHANGES TO OFF	
NAME	DOYLE, DENNY		1.2 NAME		Change Addition
STREET ADDRESS	2994 PLANTATION RD.		1.3 STREFT ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33884		1.4 CITY-ST-ZIP		
TITLE	DV	DELE TE	2 1 TITLE		
NAME	DOYLE, BLAKE R		2 2 NAME		Change Addition
STREET ADDRESS	320 GREENFIELD RD. S.E.		2 3 STREET ADDRESS		
CITY - ST - 7IP	WINTER HAVEN FL 33880		24 City - ST ZiP		
TIFLE	ST	☐ DELETE	3 1 TIFLE		Change Addition
NAME	BASS, NANCY		3 2 NAME		
STREET ADDRESS	1019 SUNSHINE WAY		3.3 STREET ADDRESS		ĺ
C1*Y-S1-ZIP	WINTER HAVEN FL 33880		3.4 CITY - ST - Z.P		
TITLE		DELETE	4 1 TiTLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST-ZIP			4 4 CITY - ST - 7IP		
INTE		DELETE	5 1 TITLE		Change Addition
NAME STUCK LIBROSCO			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
City-St-ZiP Title			5.4 Cilly - ST - ZIP		
NAME		DELETE	6 1 TITLE		Change Addition
			6.2 NAME		
STREET ADDRESS			6.3 STHEET ADDRESS		
CITY-ST-ZIP			6 4 CITY - ST - ZIP		1

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Alan 1

4-25-96 941-439-7525