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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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**DOCUMENT #** 

Principal Place of Business

Suite, Apt. #, etc.

City & State

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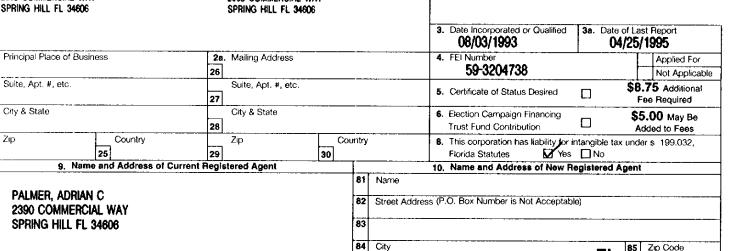
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Zip

Mailing Address

2390 COMMERCIAL WAY SPRING HILL FL 34606

2390 COMMERCIAL WAY



11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	· · ·					
3	Signature, typed or printed name of registered agent and title	if application.	(NOTE: Registered Agent signature required	d when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Р	DELETE	1. 1 TITLE		☐ Change	☐ Addition
NAME	PALMER, THOMAS B		1.2 NAME			
STHEET ADDRESS	2390 COMMERCIAL WAY		1.3 STREET ADDRESS			
CITY-S!-ZIP	SPRING HILL FL 34606		1.4 CITY-ST-ZIP			
TITLE	SŤ	☐ DELETE	2 1 THLE		Change	☐ Addition
NAME	Palmer, adrian C		2.2 NAME			-
STREET ADDRESS	2390 COMMERCIAL WAY		2.3 STREET ADDRESS			
CITY - ST - ZIP	SPRING HILL FL 34606		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3. 1 TITLE		Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3 4 CITY - ST - ZIP			
TITLE		☐ DELETE	4. 1 TITLE		Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STFEET ADDRESS			
CHTY-ST-ZIP			44 CITY-ST-ZIP			
TITLE		DELETE	5 1 TITLE		☐ Change	Addition
NAME			5 2 NAME			
STREET ADDRESS			53 STPEET ADDRESS			
C-TY-SI-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELFTE	6. 1 TITLE		Change	■ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY+ST-ZIP			6.4 CITY - ST - ZIP			

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 cath; 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 f changed, or on an attachmer

**SIGNATURE:** 

CR2E034 (12/95)