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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P93000058850 (7) **DOCUMENT #**

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appears in Block 12 or Block 13 if changed, or or

SIGNATURE AND TYPED OR I

SIGNATURE:

Principal Place of Business Mailing Address 3705 NW 130TH AVE 3705 NW 130TH AVE OCALA FL 34482 OCALA FL 34482 US 3a. Date of Last Report 3. Date Incorporated or Qualified 01/24/1995 08/23/1993 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0432457 Not Applicable 26 21 \$8.75 Additional Surte, Apt. #, etc Suite, Ant. #, etc. 5. Certificate of Status Desired Г٦ Fee Required 22 27 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country Zip No Yes □ No 30 Florida Statutes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SAMO WADSWORTH, BRITT Box Number is Not Acceptable) Street Address (P.O. 62 tm0 12801 NW 35ST 83 **√99#E**-B **OCALA FL 34482** 85 Zip Code and 607.1508. Florida Statutes the above-named corporation submits this statement for the purpose of changing its/registered office its. Sugh change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Fam. Jon 60th 0505. Florida Statutes. 11. Pursuant to the provisions or registered agent, or boli familiar with, and acceptain ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition SDVT DELETE 1.1 TIFLE TITLE WADSWORTH, BRITT E 1.2 NAME NAME 12801 NW 35TH ST 1.3 STREET ADORESS STREET ADDRESS ZID -34482 OCALA FL 14 CITY ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2 1 7 11 6 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CHTY - ST. ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZiP [] Change Addition DELETE 4 1 7 11 6 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY - ST- ZIP CITY-ST-ZIP ■ DELETE Change Addition 5 1 1110.6 TITLE 5.2 NAM! NAM5 5.3 SIREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIF CHTY - ST - ZIP ☐ Addition ☐ Change DELETE 6 1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY - S1 - ZIP CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy 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 trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 it chapted to a vivid attachment with an address.

CR2E034 (12/95)