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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P93000060334	(8)
FIN & FEATHER BOA	ATS, INCORPORATED	

Principal Place of Business Mailing Address									
835 LHA ST Bartow FL 33830		835 LILA ST Bartow FL 33830	835 LILA ST Bartow FL 33830						
						3. Date Incorporated or Qualified 08/25/1993	3a. Date	of Last F 7/19/19	Report 195
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number 59-3198751	.L		Applied For Not Applicable
Suite, Apt #	, etc.	Suite, Apt. #, etc.							5 Additional
22		27				5. Certificate of Status Desired	<u> </u>	Fee	Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip	Country	Zφ	Country	i		8. This corporation has liability for I		ax under s	199.032,
24	25 9. Name and Address of Curren	1 Penistered Agent	[30]			Florida Statutes Yes 10. Name and Address of New R		Agent	
	9. Haine and Address of Conten	t negistered Agent	81	N	ame	ig, name and Addicas of their	- Broton Co		
WHITSO	n, carey k		82	ļ <u>.</u>	brook Addro	ss (P.O. Box Number is Not Acceptab	lo)		
835 LILA			62	31	reet Addre	SS (r.O. DOX NORTHOCT IS THO! NO CONTROL			
BARTOW	/ FL 33830		63						
			84	C	dy	4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4		8 5 Z	ip Code
11 Durament to	a the provisions of Sections 607 0500	and 607 1508. Ekieda Statute	e the above	nam	ed comora	ition submits this statement for the pur	FL	anoung its	registered office
or registere	ed agent, or both, in the State of Floric h, and accept the obligations of, Sect	da. Such change was authorize	ed by the con	юа	on's board	Tof directors. Thereby accept the appr	pintment as	registere	d agent. I ani
	n, and accept the obligations of, sect	ion 607,0000, Fiorida Statutes							
SIGNATURE:	Signature: typed or printed name of regetered age <	and tunifique Adaptive (140)	Tt: Big shoul Age	ni sagr	atue requied		DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFF			· · · · · · · · · · · · · · · · · · ·
TITLE	PVST WHITSON, CAREY K	☐ DELETE	1 TITLE					Change	Addition
NAME	835 LILA ST		1.2 NAME						
STREET ADDRESS	BARTOW FL 33830		13 STREE		1				
CITY-ST-ZP TITLE	D	DELETE	1 4 G/TY -: 2 1 TITLE					Change	Addition
NAME	WHITSON, CAREY K	—	2.2 NAME						_
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CITY - ST - ZIP	BARTOW FL 33830		2.4 CHTY -	ST-ZI	Р				
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NAME STREET ADDRESS			4.2 NASVIC		interes.				
CITY-ST-ZIP			4.5 STACE		ŀ				
TITLE		DELETE	5 1 TITLE					Change	☐ Addition
NAME			5 2 NAME						
STREET ADDRESS			5 3 STHEE	T ADD	PRESS				
CiTY-ST-ZiP			5.4 CITY -	S! - 71	P	7AM77 T			
TITLE		DELETE	6 1 TITLE					Change	ncitibbA 🔲
NAME			6.2 NAME						
STREET ADDRESS			63 STREE						
CITY - ST - ZIP	y certify that the information supplied	with this filma is voluntarily furn	64 City -			or the exemption stated in Section 119	.07(3)(k) Fi	orida Stati	utes. I further
certify that oath; that	the information indicated on this ann	ual report or supplemental ann pration or the receiver or truste	ual report is ti e empowered	rue a	ind accurat	le and that my signature shall have the s report as required by Chapter 607, Fi	isame lega	il effect as	ut made under

SIGNATURE: Carey K. Whitson PVST 5/9/96 941-534-3555

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