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CORPORATION **ANNUAL REPORT**

1997



I am an officer or director of the corporation or the receiver or trustee empowered appears in Block 12 or Block 13 if changed for on an attachmen with an adopted

FLORIDA DEPARTMENT OF STATE

FILED

Jan 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000085808 (2)

BDC OF HERNANDO COUNTY, INC.

Principal Place of Business 1470 PINEHURST DR. SPRING HILL FL 34606		Mailing Address			4 102(1901 (18 10190 2111) GOIN GONG BONG	40) TOPOL BILDS (GILL WAR	IR CARLE TOWN
		1470 PINEHURST DR. Spring Hill FL 34806-	4553			•	
					3. Date Incorporated or Qualified 12/10/1993	3a, Date of Last F 05/01/1996	Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		oplied For	
21		26			59-3214114		ot Applicable
Suite, Apt #		Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee R	Additional equired
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
— Zip ──	Country	7rp	Coun	try	8. This corporation has liability for		i. 199.032,
24	25 g. Name and Address of Curre	29	30		Florida Statutes 10. Name and Address of New Re	Yes No	
DELL	OWS, MARCI	ant neglatered Agent		It Name	ID. Hame and Addition of their the	gistored Agent	
	PINEHURST DRIVE				(D.O. D. M	-1-3	
SPRING HILL FL 34609			ľ	Street Add	dress (P.O. Box Number is Not Acceptab		
			8	33			
			8	34 City		FL 85 Zip	Code
- 11. Pursuani te	o the provisions of Sections 607.05 wistered again, or both, in the Stat	ouz and ouz 1508, Flonda Stal te∡at Flonda. Such charide wa	rutes, me abo s authorized	by the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	pt the appointment as	registered
office or reagent. I am	marking with, and accept the objection of the control of the objection of the control of the con	De lour					
SIGNATURE	y nacial	gert and it of application (N	OTE Registered a		uired when reinstating)	DATE	
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SIGNATURE	OFFICERS A	gert and it of application (N	OTE Registered a	Agent signature requ	uired when reinstating)	DATE	
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Daytime Phone #