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

**PROFIT** CORPORATION ANNUAL REPORT

1996



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

APPROVED AND

1996 APR 30 PH 1: 55

DOCUMENT # P94000020327 (0) 1. Corporation Name GENERAL USA, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Malling Address						
501 E KENNEDY BLVD SUITE 1700 TAMPA FL 33602		SOI E KENNEDY BLVD SUITE 1700 TAMPA FL 33802			Date Incorporated or Qualified   3a. Date of Last Report	
					03/15/1994	3a. Date of Last Report 05/01/1995
2. Principal Place	e of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. #, 6	ate	26		·····	59-3240714	Not Applicable
22 Otty & State	010.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zφ	Count	ry	8. This corporation has liability for	Added to Fees r intangible tax under s 199,032.
24	9. Name and Address of Curren	1 Booletseed &	30		Florida Statutes	s 🗍 No
	T. TIME BIR AUGICOS OF CONTE	r registered Agent		1 Name	10. Name and Address of New	Registered Agent
familiar with, a SIGNATURE  TI2. TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME NAME H	NEDY BLVD ) 33602 he provisions of Sections 607.0502 agent, or both, in the State of Floric and accept the obligations of, Sections OFFICERS AND PSTD SPEER, RICHARD M 1251 PINEHURST RD DUNEDIN FL 34698 AS HUMPHRIES, J. BOB	on 607.0505, Florida Statutes.	8 8 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	4 City -named corporation's boar on signature require  T ADDRESS S1-7IP		FL 85 Zip Code
CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	501 E KENNEDY BLVD FAMPA FL 33602	☐ DELETE	2 4 CITY- 3 1 TITLE 32 NAME 3.3. STRE 3.4 CITY- 4.1 TITLE 4.2 NAME	T ADDRESS ST-ZIP T ADDRESS	3000 -04/38/ ****20	Change Addition    Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE		[] DELETE	5.2 NAME 5.3 STREE 5.4 CITY-1 6.1 TITLE	T ADDRESS ST-ZIP		Change Addition

64 CITY-SI-ZIP 14. Ido hereby certify that the information supplied with this filing is voluntarily turnished 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 supplier entital 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 co-poralization 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 3 if changed, providing the statutes and that my name.

6.3 STREET ADDRESS

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

J. Bob Humphries, Asst. Sec.

4/29/96

(813) 222-1173

Change