SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name P94000023065 (3)

ELBOW SOUTH, INC.

Principal Place of Business

Mailing Address



1802 W. BROADWAY OVIEDO FL 32765		P.O. BOX 560186 Orlando Fl 32856-0186					
					3. Date Incorporated or Qualified 03/25/1994	3a. Date of Last Report 12/22/1995	
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21						Not Applicable	
Suite, Apt		Suite, Apt. #, etc. 27	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		28 OVIEdo F	Ovieda FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zıp ''η	Country	Zip	Countr		8. This corporation has liability for in	·	
24	9 Name and Address of Curre	25 29 \$2.765 30 . Name and Address of Current Registered Agent		SA	Florida Statutes 10. Name and Address of New Reg	Yes No	
					81 Name		
FOULKES, BILL C 1802 W. BROADWAY				82 Street Address (PO Box Number is Not Acceptable)			
	IEDO FL 32765		82	82 Street Address (PO Box Number is Not Acceptable)			
Oti	EDO FE 32763		83				
			84	City		85 Zip Code	
						FL T	
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. Thereby accept the appointment as registered.							
agent. Fam familiar with, and accept the obligations of, Section 607.0505. Florida Statute's							
SIGNATURE Signature typed or printed name of registered agent and the diapplicable (NOTE Registered Agent signature required when resistating). DATE							
12.	OFFICERS AND DIRECTORS 13				ADDITIONS/CHANGES TO OFFICE		
TITLE	D	DELETE	1 1 TITLE			Change Addition	
NAME	FOULKES, WILLIAM C JR		1.2 NAME		09/20/9	1601021013	
STREET ADDRESS			1.3 STREET ADDRESS		****225	.00 ****225.00	
CITY - ST - ZIP	OMEDO FL 32765		14 C:TY -	ST-ZIP			
TITLE	L) DELETE		2 1 TITLE			Change Addition	
NAME OTRECT ADDRESS			2.2 NAME 2.3 STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			2 4 CITY -				
TITLE	DELETE 3			31-21		Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREE	r address			
CITY - ST - ZIP				ST-ZIP			
TITLE	DELETE			1		Change Addition	
NAME			4 2 NAME				
STREET ADDRESS				f address			
CITY-ST-ZiP		DELETE	4.4 C/TY -	ST - ZIP		Change Addition	
TITLE NAME		[_] percie	5 1 TITLE 5 2 NAME			Change Acculton	
STREET ADDRESS				I ADDRESS			
CITY-ST-ZIP			5.4 CiTY -:	i i			
TITLE			61 TITLE		(1) (1) (1)	Change Addition	
NAME		•	6.2 NAME		0. (1100° 1-9-96		
STREET ADDRESS			63 STREE	T ADDRESS	20.01		
CITY-ST-ZIP			64 CITY -	ST-ZiP	17990		

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 oath, that I am an officer or director of the serror of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attack most with an address.

SIGNATURE: SIGNATURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR