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 # P94000023187 (5)

Corporation Name	•	10	U	· • • • • • • • • • • • • • • • • • • •	<i>-</i> •	U ,	١,	~

Principal Place	PHINGS STATION MUSE	Mailing Address							
,	ROAD AVENUE	P.O. BOX 2006 HIGH SPRINGS US			3. Date Incorporated	or Ovolstad	3a. Date of L	act Bonort	
					03/22/1994	or Qualified	07/21/1		
2. Principal Pl	ace of Business	2a. Mailing Add	ress		4. FEI Number			Applied	
		26 Suite, Apt. #	ala .		59-3236256		60	Not App 75. Additio	
Suite, Apt	#, etc	27	, etc.		5. Certificate of Statu	s Desired	1 1 7-	ee Require	
City & State	9	City & State			6. Election Campaign	Financing	\$ <u>\$</u>	5.00 May	Be
<u> </u>		28			Trust Fund Contrib			dded to Fee	
Zip]	Country 25	Ζιρ 29	30	ountry	8. This corporation has Florida Statutes	as liability for i	ntangible tax un Yes 🗍 No	ider s. 199.t	032,
	9. Name and Address of Curi		130		10. Name and Addre	ss of New Re	gistered Agent		
TRI	TSCH, RICHARD H			81 Name	lichard H	Trit	tsch		
	NW 6TH AVE.			82 Street Add	tress (P.O. Box Number is Not Acceptable)				
HIG	SH SPRINGS FL 32643			83	ZON.W. Ka	11 road	Hue- E	JUX Z	000
						**			
				[84] City 1/2	4h Springs		FI_ 85	Zip Code	/3
. Pursuant	to the provisions of Sections 607.0	0502 and 607, 1508, Flori	da Statutes, the	above named core	oration submits this stater	ment for the pu	irpose of chang	ing its regis	stered
office or r	egistered agent, or both, in the Sta m familiar shith, and accept the ob	ale of Florida, Such char	ige was authoriz	ed by the corporat	ion's board of directors. If	nereby accept	the appointmen	nt äs registe	ered
	m ramiliar vitti, and accept the ob	gallora or section 60	.0505, Floudia Si	atules					
GNATURE	Significant typical or properly name of regit broad	agent and title if applicable	(NOTE Region	. f	irad when reinstating)		0410		
	OFFICERS	AND DIRECTORS		3.	ADDITIONS/CHANG	GES TO OFFIC			
TRITISCH, RICHARD H. STREELADDRESS STREELADDRESS DELETE DELETE DELETE FOR 2008		DELETE 1	1 TITLE				hange []	Addit-or	
			2 NAME						
REE1 ADDRESS	920 NW STH AVENUE (30x 2000		3 STREET ADORESS					
TY-ST-ZIP	HIGH SPRINGS FL			4 CITY - ST - 7:P				nange	Additio
ſL€		L ,		2 NAME			ωч	nangr. []	MOGNIC
AME				3 STREET ADDRESS					
TREET ADDRESS ITY-ST-ZIP				4 CITY - ST - ZIP					
1LE				1 TITLE				hange	Additio
AMÉ			3	2 NAME					
REET ADDRESS	ļ		3	3 STREET ADDRESS					
TY - ST - ZIP			3	4. CITY - ST - ZIP					
TLE			DELETE 4	1 TITLE			c	hange	Add tio
AME			4	2 NAME					
TREET ADDRESS				3 STREET ADDRESS					
ITY-ST-ZIP				4 CITY - ST - ZIP				Change	Additio
ITLE		L_} '		1 THILE			L.J 4	mangs [Additio
AMÉ TOCET ADODESC	•			2 NAME 3 STREET ADDRESS					
TREET ADDRESS			-	4 CITY - ST - ZIP					
ITY-ST-ZIP ITLE				1 TITLE				hange	Additio
AME				2 NAME			_		
TREET ADORESS			6	3 STREET ADDRESS					
CITY-ST-ZIP				4 City - Sr - ZiP					
4 I do bere	by certify that the information sup- ertify that the information indicated	plied with this filing is vo	untarily furnishe	d and does not qui	alify for the exemption state	ed in Section	119.07(3)(k), Flo	nda Statute	es I chasif
made un	der oath, that I am an officer or de	rector of the corporation.	or the receiver of	ir trustee empower	ed to execute this report a	s required by	Chapter 617, Flo	orida Statute	es and
	addi botti, titti i ani ani ani ani ani								
that my r	name appears in Block 19 or Block	c13 if changed, or on an	attachment with	an address					
that my r	name appears in Block 19 or Block	c13 if changed, or on an	attackment with	an address					
that my r	name appears in Block of or Block	c13 if changed, or on an	attachment with	theo	(ı	j'e:	Dayto e	Piana #	