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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P94000024352 (4)

1. Corporation Name

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Principal Place	of Business	Mailing Address					##F## ##### ##		*1191 91110 11 21 1021
US HWY 17 COLLETTE F	ARM	RT 2 BOX 1465 CRESCENT CITY FI	L 32112						
CRESCENT CITY FL 32112						3. Date Incorporated or Qualified 3a. Date of Last Report 03/25/1994 11/15/1995			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
Suite Ant. # etc		26				Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ded to Fees
Zip	Country	Zρ	Coun	itry		8. This corporation has liability for i	-	x under	s 199.032,
24	25					Florida Statutes 🔲 Yes			
	g. Name and Address of Curren	t Registered Agent		541		10. Name and Address of New R	egistered #	gent	
				81	Namie				
	TE, JOHN W SR.		Ī	82	Street Addres	s (P.O. Box Number is Not Acceptabl	e)		
	HWY. 17		-	83					
	TE FARM			53					
CRESCI	ENT CITY FL 32112		ī	84	City		FL	85	Zip Code
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SIGNATURE _	Squature, specific pertol mana, of registers agent. OFFICERS AND		(b)))F September A	A;p= 1	S ₁ 1 a ^{re} (respected w	ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIREC	TORS IN 12
TITLE	D	☐ DELĒTE	1 1 TI	LE] Chang	e 🔲 Addition
NAME	COLLETTE, JOHN W SR		1.2 NAM	ME					
STREET ADDRESS	RT 2 BOX 1465		1.3 STH	REFT A	ADDRESS				
CITY - \$1 - 2IP	CRESCENT CITY FL 32112				- ZIP				
THILE			1401						
NAME	D	DELETE	2 1 111	ΙF] Chang	e Addition
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4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not gualty for the exemption stated in Section 119.07(3)(h). Florida Statutes. I further certify that the information indicated on this annual report or supplemental and appears in the 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 corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attainment with appetities.

SIGNATURE: 6

IGNATURE AND THEO OR PRINTED NAME OF SCHING OFFICER OR DIRECTOR

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