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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

7	996	DIVISION OF	CORPORAT	IONS				
DOCUM	ENT # P94 (000033912 (4)					
'	INSTRUCTION, INC.	`						
0, 00	into into into							
Principal Place o	f Business	Mailing Address						
103 HWY 277 S		103 HWY 277 S						
CHIPLEY FL	32428	CHIPLEY FL 32428						
					3. Date Incorporated or Qualifier 05/05/1994		of Last R)3/17/1	
2. Principal Plac	e of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For	
21		26	Suite, Apt. #, etc.				Not Applicable	
Stite Apt. #, etc Stite, Apt. 22 27			<i>.</i> .		5. Certificate of Status Desired \$8.75 A		Additional Required	
City & State		City & State	& State		S. Election Campaign Financing S.00 May Be Trust Fund Contribution			0 May Be
23		28	·		Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032,			
Zipi [24]	Gountry 25	- Zφ [29]	Gount 30	ry		or intangible tax es \tag{\tag{No}}	cunders	199.032,
<u></u>	9. Name and Address of Cur		. 1001		10. Name and Address of Nev	Registered A	gent	
			8	1 Name				
	GOLDEN, LAMAR			2 Street Add	ress (P.O. Box Number is Not Accep	able)		
103 HWY 277 S			E	3				
CHIPLEY FL 32428				<u> </u>			· · · · ·	
			6	4 City		FL	85 Zi	p Code
SIGNATURE	agrature type foi pindod ran in otrogistavod a			grint signature respon	ard of directors. I hereby accept the a set when recombing ADDITIONS/CHANGES TO C	DATE		
TIFLE .	PTD	DELEJE	1 1 July	E	100111011011011011011011011011011011011	<u>-</u> -) Change	Addition
NAM:	GOLDEN, LAMAR		1.2 NAM	IE .				
STREET ADDRESS	100 (1111 0		1.3 STREET ADDRESS					
1 ILF	CHIPLEY FL		1 4 CITY 2 1 TITL	F ST-ZIP			Change	Addition
NAME	DUPRE, LYNETTE		2 2 NAM			_	,	
STREET ADDRESS	103 HWY 277 S		2 3 STRE	EFT ADDRESS				
001Y+S1+ZIP	CHIPLEY FL			-SI-ZIP			7.0	1 1227
DLE	LJbere		3 1 TITLE 32 NAME			L] Change	Addition
NAME SURFET ALURESS				IEET ADDRESS				
CITY-ST-ZIP				- ST- ZIP				
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NAM(4.2 NAM					
STREET ADORESS				EE1 ADORESS				
Crini-St-Zifi Title	ZIF DELETI		4.4 C(1Y - S1 - Z)P 5 1 TITLE				Change	Addition
NAM:			5 2 NAN			_	- •	_
STREET ADDRESS				EET ADDRESS				
C 1Y+\$1+70P		· · · · · · · · · · · · · · · · · · ·	5 4 City	r-ST-ZIP		·		
TillE	☐ DELETE		6 1 1111				Change	☐ Addition
NAME SAME AND SOCIAL			6 2 NAN					
STREET ADDRESS				EET ADDRESS /-ST-ZIP				
14. I do hereby	cert fy that the information suppli	led with this fling is voluntarily fur			for the exemption stated in Section 1	19.07(3)(k), Flo	rida Statu	ites. 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 cath; that I am an officer or director of the corporation or the receiver or truete 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 attachment with an address.

SIGNATURE: De Ward Le Coldina Jr.

3/8/96 Perc 904-618-4765