## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000042489 (2)

SANTA FE STOCK, COMPANY

Principal Place	of Business	Mailing Address		A TOURISMAN THE SUBSE BURST WEST WORTH WORTH	<b>                                     </b>	(00) (010) 0 (01) (00)	
5914 BUTLER ( PLANT CITY FI		5914 BUTLER ROAD PLANT CITY FL 33567-3321					
					3. Date Incorporated or Qualified 06/02/1994	3a. Date of 02/13/1	996
	ace of Business	2a. Mailing Address	1		4. FEI Number		Applied For
Suite, Apt	# ato	Cuito Apt # oto			59-3252142		Not Applicable
22		Suite, Apt. #, etc.		·	5. Certificate of Status Desired		.75 Additional Fee Required
City & State	9	City & State		•	6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zip	Country	Zip	Countr	v 5.	B. This corporation has liability for it	<del></del>	
24	25 Hillsborough	ha '	4 4 4	Sporoist		Yes DANO	
	9. Name and Address of Current			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10. Name and Address of New Re		
GODDARD, JOE W SR. 81 Nam							
5914 BUTLER ROAD				Street Add	ress (P.O. Box Number is Not Acceptab	le)	
PLA	NT CITY FL 33567				de la contraction de la contra		
			83	}			
			84	City		FL 85	Zip Code
11. Pursuant t	to the provisions of Sections 607,0502	and 607.1508, Florida Statute	s, the abov	e-named cor	poration submits this statement for the p	urpose of chan	gino its registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	l Florida. Such change was at	uthorized b	v the corpora	tion's board of directors. I hereby accep	t the appointm	ent as registered
SIGNATURE	The state of the s	one of, cooper out 10000, 1 for	iou ciaioic				
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ag	ent signature requi	ired when reinstating)	DATE	<del></del>
12.	OFFICERS AND	The state of the s	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE				hange
NAME	GODDARD, JOE W SR.		1.2 NAME				
STREET ADDRESS	5914 BUTLER ROAD		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	PLANT CITY FL 33567		1.4 C/TY-	ST-ZIP	····		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TIFLE	ST OCCUPANT OF THE	☐ DELETE	2.1 TITLE		•	L C	hange L. Addition
NAME	GODDARD, BETTY L		2.2 NAME				
STREET ADDRESS	5914 BUTLER ROAD			T ADDRESS			
CITY - ST - ZIP TITLE	PLANT CITY FL 33567	DELETE	2.4 CITY-	-\$1-ZIP		TIC	hange
NAME			3.2 NAME			1	La vicenion
STREET ADDRESS			i i	T ADDRESS			
CITY - ST - ZIP			3.4. CITY-	·			
TITLE		DELETE	4.1 TITLE	<u></u>		C	hange Addition
NAME			4.2 NAME	:			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY - ST - ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			□ c	hange
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY - S1 - ZIP		ace, men	5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6 1 TITLE			LJ C	hange Addition
NAME			6.2 NAME	- 1	No. 5.		
STREET ADDRESS				T ADDRESS	:		
CITY-ST-ZIP	w carldy that the information supplied	with this filter close not available	6.4 CITY		d in Section 119.07(3)(i), Florida Statute	a Hurther earli	hu that the
information I am an of	n indicated on this annual report or sup ficer or director of the corporation or th n Block 12 or Block 13 if changed, or c	oplemental annual report is tru ne receiver or trustee empowe	ie and acc red to exe	urate and tha	t my signature shall have the same lega rt as required by Chapter 607, Florida S	l effect as if ma	ide under oath: that

SIGNATURE

SIGNATURE AND T

PED OR PRINTED NAME OF SIGNING OFFICER OR

406 11,97 813 737 1802

**FILED** 

Feb 17 1997 8:00am

Secretary of State