**PROFIT** CORPORATION ANNUAL REPORT



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

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DOCUMENT #

P94000049769 (0)

	NVESTMENTS, INC.					
Principal Place of Business Mailing Address					i samsabt tift (firtt årätt fillti bibt	re dain dorte didié skat iddið filið fölf siði
1000 W. MAIN STREET LEESBURG FL 34748		1000 W. MAIN STREET Leesburg fl 34748				
					3. Date Incorporated or Qualified 06/27/1994	3a. Date of Last Report 01/24/1995
2. Principal Pl. 21	lace of Business	2a. Mailing Address			4. FEt Number 59-3251541	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Not Applicable  \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip [ <b>24</b> ]	Country 25	Ζφ <b>29</b>	Country 30		This corporation has liability for Florida Statutes	1.2
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New	
D1/D1/0	The first the state of the stat		81 Nar	ne		
	ed, r dewey /. Main street		82 Stre	et Addres	s (P.O. Box Number is Not Accepta	ble)
	JRG FL 34748		83			
			84 City			OF Zin Code
F						FL 85 Zip Code
or register familiar wil SIGNATURE _	red agent, or both, in the State of Florid In, and accept the obligations of, Sect Standard, typed or printed name of registered agent		by the corporatio			urpose of changing its registered office pointment as registered agent. I am
12.	OFFICERS AN	DIDIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TALLE	POST DELECT	X) DEFETE	1. 1 TITLE	PD		☐ Change 【X】 Addition
NAME CHOCK LABORSON	BURNSED, R DEWEY 1000 WEST MAIN STREET		1.2 NAME	WA	LTER S. MCLIN,	III_
STREET ADDRESS ONLY-ST-ZIP	LEESBURG FL		1.3 STREET ADDRE		OO WEST MAIN STI	REET
THUE	D	XI DELETE	1 4 CITY-ST-ZIP 2 1 TITLE		ESBURG, FLORIDA	Change
NAME	ANDERSON, MONICA COOK		2 2 NAME			i i i i i i i i i i i i i i i i i i i
STHEF! ACCORESS	1211 W NORTH BLVD		2 3 STREET ADORE	ss		
CITY-ST-7IP	LEESBURG FL	Faretre	24 CITY-ST-ZIP			
life		☐ DEFEIE	3 1 TITLE			Change Addition
NAME STREET ADDRESS			3.2 NAME	66		
0:1Y - S1 - 7:2			3.3 STREET ADDRE	.55		İ
TITLE		DELETE	4 1 TITLE	-		Change Addition
NAME			4.2 NAME			<b>2</b> • <b>3</b>
STREET ADDRESS			4 3 STREET ADDRES	ss		
CITY ST-75			4.4 CITY - ST - ZIP			
TITLE		□ DELETE	5 1 TITLE			Change Addition
NAME			5.2 NAME			
SPREET ADDRESS			5 3 STREET ADDRES	ss		
CHY ST-ZP TILE		DELETE	5 4 CITY - ST - ZiP			□ Chan== □ 442°
NAM:		□ orreit	6 1 TITLE			☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRES			
51 WELL-WORKING 93	i .		■ oppintti Whint;	33 [		

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 corporation or the receiver or trustee 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.

6.4 C/TY - ST - ZIP

CHY ST-ZIP

Jan 22 1996 352-787-1241