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

PROFIT



FLORIDA DEPARTMENT OF STATE

| ANNUA | ORATION AL REPORT 996 | | | B Morth ary of Sta CORPOR | ite | | | | | |
|--|---|---|--------------------------------|---------------------------------|--|---|---------------------------------|------------------------|--|--|
| DOCUM 1. Corporation N SP REAL | | 000564 | 419 (2 | 2) | | 1 18 1 18 1 18 1 18 1 18 1 18 1 18 1 1 | | | | |
| Principal Place o | 930 B | ailing Address 930 BAYVIEW PLACE N.E. ST. PETERSBURG FL 33704 | | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 07/29/1994 | | of Last Re 1/18/199 | | |
| Principal Place 13017 | ce of Business Park Blvd | 26 13 | ing Aodress 017 Park | Blvd | | 4, FEI Number 59-3269230 | | <u>_</u> | Applied For Not Applicable | |
| Suite, Apt. #, | etc. | 27 | e Apt. #, etc | | | 5. Certificate of Status Desired | | Fee F | Additional Required | |
| City & State Semino | y&State Seminole, FL | | & State eminole, | | | Election Campaign Financing Trust Fund Contribution This corporation has liability for inlangible tall. | | | \$5.00 May Be Added to Fees | |
| Zip 24 34646 | Country 25 USA | | 4646 | 30 C | ountry USA | | ∕es ∐No | | 199.032, | |
| | 9. Name and Address of Cur | rent Registered | Agent | | 81 Name | 10. Name and Address of Net | · rtogistores | | | |
| 11. Pursuant to or registere familiar with SIGNATURE | ed agent, or both, in the State of h h, and accept the obligations of, S | ection 607.0505 | 5, Florida Statute | ised by th | 84 City bove named corporation's booker | oration submits this statement for the and of directors. I hereby accept the a | purpose of ch popointment as | anging its r | o Code egistered offici agent. I ani | |
| 12. | Signature: typed or printed marne of registered of OFFICERS | AND DIRECTOR | | | 3. | ADDITIONS/CHANGES TO (| DEFICERS AN | DIBECTO | RS IN 12 | |
| TITLE NAME STREET ADDRESS | P BOWMAN, JACKSON H III 930 BAYVIEW PLACE N.E ST PETERSBURG FL | | ☐ DELÉTÉ | 1. | 1 TIFLE 2 NAME 3 STREET ADORESS | | | Change | Addition | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | D STRICKLAND, ROBERT K 1343 52ND AVE. N.E. ST PETERSBURG FL 3370 | าว | ☐ DELETE | 2 2 | 4 C TY - ST - ZIP TITLE 2 NAME 3 STREET ADDRESS 4 CITY - ST - ZIP | | | Change | AdJit on | |
| TITLE NAME STREET ADDRESS | OT PETERODOR TE SON | | ☐ DELETE | 3 3 3 | 1 DILE 2 NAME 3 STHEET ADDRESS | | | Change | Addition | |
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| CITY-S1-ZIP TITLE NAME | | | ☐ DELETÉ | e | 4 GITY-ST-ZIP i 1 TULE i 2 NAME | | | ☐ Change | ☐ Addition | |

City-st-2iP

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.

CHARLTURE AND THEO ON PHINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

4/14/96 (813)378-3400