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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

P94000056570 (2)

DOCUMENT #

1. Corporation Name

CHARL	LES W. O'NEAL, INC.				
Principal Place of Business Mailing Address 6055 N. WICKHAM RD., SUITE 108 MELBOURNE FL 32940 MELBOURNE FL 32940 Mailing Address 6055 N. WICKHAM RD., SUITE MELBOURNE FL 32940				1 100 104 154 1611 5121 6411 6511 6511 6510 \$110 5110 5111 1041 4611 1051	
				3. Date incorporated or Qualified 07/29/1994	3a. Date of Last Report 05/01/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3267867	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5 Fig. Committee Financian	Fe3 Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Country	28 Zip	Country	8. This corporation has liability for int	
Zip	25	├ ── '	30	Florida Statutes Yes	
24	9. Name and Address of Curren			10. Name and Address of New Re	gistered Agent
			81 Name		
O'NEAL, BEVERLY H 82 Street Addr				Iress (P.O. Box Number is Not Acceptable)
	HADY RUN RD.		0.0007100		
	URNE FL 32934		83		ļ.
1			84 City		85 Zip Code
			1 1		
or registere	ed agent, or both, in the State of Fion h, and accept the obligations of, Sect	ida. Such change was authorized tion 607.0505, Florida Statutes	by the corporation's boo	oration submits this statement for the purp and of directors. I hereby accept the appoint	ntment as registered agent. I am /-26 -5 C DATE
		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
12.	PST	DELETE	1 1 TITLE		Change Addition
NAME	O'NEAL, BEVERLY H	_	1.2 NAME		
STREET ADDRESS	3565 SHADY LANE RD.		1.3 STREET ADDRESS	ors stand bon bo	
CITY - ST - ZIP	MELBOURNE FL		1.4 CITY - ST - ZIP	relament PL 329	74
TITLE	V	DELETE	2. 1 TITLE	Actomore, PL 329	Change 🗀 Addition
NAME	O'NEAL, CHARLES W		2 2 NAME	Dun Oul Re	n
STREET ADDRESS	3565 SHADY LANE RD.		23 STREET ADDRESS	3562 SHAPA FOR	
C(TY-ST-ZIP	MELBOURNE FL		24 CITY-ST-ZIP	relbrune, FL 329	<u> </u>
TITLE		☐ DELETE	3. 1 TITLE	•	Change Addition
NAME			3.2 NAME		ļ
STREET ADDRESS	ļ		3.3. STREET ADDRESS		
CHY-ST-ZIP			3 4 CITY - ST - 7IP		Change Addition
TIFLE		☐ DELETE	4 1 TITLE		Charge Zagmon
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		PTI DECETE	4.4 C(TY - ST - 2)P		☐ Change ☐ Addition
TITLE		DELETE	5 1 TITLE		C
NAME			5 2 NAME		
STREET ADDRESS			5 3 STHEET ADDRESS		
CITY-ST-ZIP		CD DC: FTC	5.4 CITY-ST-ZIP		Charge Addition
THLE		☐ DELETE	6 1 TITLE		
NAME			6 2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		

14. If 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.

SIGNATURE:

SULLAND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 407-242-0068
Date Dayme Proces