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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P94000070723 (9)

FILED May 12 1997 8:00am Secretary of State

Dringing Disc	XA, INC.	Mailine Addro				···				
Principal Place of Business Mailing Address 1340 BENNETT DR 1340 BENNETT DR							. restrest tra ister sider soler galli dit	44111 1881		
LONGWOOD		LONGWOOD F)						
							3. Date Incorporated or Qualified 09/23/1994	1 1	te of Last 6	•
2. Principal F	Place of Business	2a. Mailing Ad	dress				4. FEI Number	<u> </u>		pplied For
21		26					59-3268651		<u> </u>	ot Applicable
Suite, Apt	#, etc.	Suite, Apt.	#, etc.				5. Certificate of Status Desired			Additional lequired
City & Stat	le	City & Stat	e				6. Election Campaign Financing			May Be
23		28					Trust Fund Contribution			to Fees
Ζφ	Country	Zip		Cou	intry		8. This corporation has liability for i			
24	25 9. Name and Address of Currer	29		30		·-····································	Florida Statutes 10. Name and Address of New Re		No	
		ir uadistaten Mail	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		B1	Name	10. Halle and Address of New No	Distalan i	April	
WILLIAMS, CHARLES G 1340 BENNETT DR										
	NGWOOD FL 32750				82	Street Addr	ess (P.O. Box Number is Not Acceptat))		
					83					
					84	City			85 Zip	Code
						•	poration submits this statement for the pion's board of directors. I hereby acception	<u>FL</u>		
SIGNATURE	Signature: typest or profited name of registered age	onl and title if applicable D DIRECTORS	(NOTE	Registere	d Ager	nt signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTO	RS IN 12
TITLE	D		DELETE	1.1 11	TLE	7	57		Change	Addition
NAME	WILLIAMS, CHARLES G			1.2 N/	AME					
STREET ADDRESS	(·			
	LONGWOOD FL 32779			1		address	·			
CITY - ST - ZIP			DELETE	1.4 Ci	iTY-SI	· · · · · · · · · · · · · · · · · · ·	/ es	·····	Change	· · · · · · · · · · · · · · · · · · ·
TITLE	D		DELETE	1.4 Ci 2.1 Ti	ity-si	· · · · · · · · · · · · · · · · · · ·	/\$		Change	Addition
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TITLE NAME	D WILLIAMS, OLA R 155 WISTERIA DR		DELETÉ	1.4 CI 2.1 TI 2.2 N/ 2.3 SI	ITY-ST TLE AME TREET I	T-ZIP	/\$	· .	Change	
THE NAME STREET ADDRESS CITY-51-ZIP THE NAME	D WILLIAMS, OLA R 155 WISTERIA DR LONGWOOD FL 32779			1.4 CI 2.1 TI 22 N/ 23 SI 2.4 C 3.1 TI 3.2 N/	ITY-ST TLE AME TREET I CITY-S ITLE AME	ADDRESS ST-ZIP	/\$	··*.		
THE NAME STREET ADDRESS CITY-51-ZIP THE NAME STREET ADDRESS	D WILLIAMS, OLA R 155 WISTERIA DR LONGWOOD FL 32779			1.4 Ci 2.1 Ti 2.2 Ni 2.3 Si 2.4 C 3.1 Ti 3.2 Ni 3.3 Si	ITY-SI TLE AME TREET CITY-S ITLE AME TREET	T-ZIP ADDAESS ST-ZIP ADDRESS	/\$	<u>-</u> *.		
THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, OLA R 155 WISTERIA DR LONGWOOD FL 32779		DELETÉ	1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI 3.2 N/ 3.3 SI 3.4 C	ITY-ST TLE AME TREET : STLE AME TREET : CITY-S	T-ZIP ADDAESS ST-ZIP ADDRESS	/\$	-:	Change	☐ Addilion
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D WILLIAMS, OLA R 155 WISTERIA DR LONGWOOD FL 32779		DELETÉ	1.4 CI 2.1 TI 22 N/ 23 SI 2.4 C 3.1 TI 3.2 N/ 3.3 SI 3.4 C 4.1 TI 4.2 N 4.3 SI	ITY-SITLE AME TREET I TILE AME TREET I TREET I TREET I TREET I	T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS	/\$		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D WILLIAMS, OLA R 155 WISTERIA DR LONGWOOD FL 32779		DELETÉ	1.4 CI 2.1 TI 22 N/ 23 SI 2.4 C 3.1 TI 3.2 N/ 3.3 SI 3.4 C 4.1 TI 4.2 N 4.3 SI 4.4 CI 5.1 TI	ITY-SI TLE AME TREET , OTY-S ITLE AME TREET , OTY-S ITLE VAME TREET , OTY-S ITLE ITTY-SI	T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS	/\$		Change	Addition
THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP THE NAME	D WILLIAMS, OLA R 155 WISTERIA DR LONGWOOD FL 32779		DELETÉ	1.4 Ct 2.1 Ti 22 N. 2.3 St 2.4 Ct 3.1 Ti 4.2 N. 4.3 St 4.4 Ct 5.1 Ti 5.2 N.	ITY-SI TLE AME TREET AME ITLE AME TREET ITLE ITLE ITLE ITLE ITLE ITLE ITLE I	T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP	/\$		Change	Addition
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14. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or changed, or on an attachment with an address.

SIGNATURE: