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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

		# <b>P940</b> ACING, INC.	0000	74923 (1	1)				1 100/100 HH 100/100 HH 100/100 H	n <b>as</b> ir <b>as</b> iri	(841) B1818 (	<b>1</b> 231 <b>0</b> (1 <b>224</b> 1241 180)
Principal Place of Business				Mailing Address								
17712 TRIPLE J RANCH ROAD SPRING HILL FL 34610				17712 TRIPLE J RANCH ROAD SPRING HILL FL 34610								
									3. Date incorporated or Qualified 10/07/1994		te of Last 04/27/19	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		74/61/13	Applied For
21				26					59-3283618		<u> </u>	Not Applicable
Sulte, Apt. #, etc.				Suite, Apt. #, etc.							¢0 7	75 Additional
22			27	27					<ol><li>Certificate of Status Desired</li></ol>			e Required
City & State				City & State					6. Election Campaign Financing	·-····		.00 May Be
23				28					Trust Fund Contribution			ded to Fees
Zφ		Country			Co	Country			8. This corporation has liability for intengible tax under s 199.032,			
24 25 29 9. Name and Address of Current Registered Agent					30				Florida Statutes			
	9. Name	and Address of Cu	irrent Regi	stered Agent		81	Name		10. Name and Address of New I	Registered	J Agent	
KELLY, PATRICK 17712 TRIPLE J RANCH ROAD SPRING HILL FL 34610						82 83 84	Street	Addres	ress (P.O. Box Number is Not Acceptable)			
11. Pursuant to or register familiar with SIGNATURE	to the provision red agent, or lith and accept	I the obligations of S	0502 and 60 Torida. Suc Section 607	.0505, Florida Statute	tes, the ab zed by the s.	согр	o alion s	s board i	on submits this statement for the purple of directors. I hereby accept the app	ointment a		ed agent. I am
	Synature, typed o		agent and title if	applicable (No	OTE: Registera	d Agect	l signature :	required wi	en reinstatingi	DATE		·
12.	PD	OFFICERS	AND DIRE		13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME		DATDION		DELETE		TITLE					Change	Addition
STREET ADDRESS	KELLY, PATRICK 17712 TRIPLE J RANCH ROAD				1.2 NAME							
CITY-ST-ZIP			IUAU				13 STREET ADDRESS					
TITLE	ST	SPRING HILL FL 34610			1.4 CHY-ST-ZIP			ļ				
NAME	KELLY, LINDA JANE			☐ DELETE					Change  Addition			
STREET ADDRESS	.== == =				2 2 NAME							
CITY-ST-ZIP SPRING HILL FL 34610				2 3 STREEL ADDRES								
TITLE	VD	THELT L SHOTU		[ ] DELETE		:(1Y-\$I	I - ZIP					
NAME		, STEPHEN J	L beceig	3 1 TITLE 32 NAME			·	· 1	Change	Addition		
STREET ADDRESS		.W. 3RD STREET										
CITY-ST-ZIP PEMBROKE PINES FL 33026							ADDRESS	ĺ				
TITLE	,	THE PRICE OF LAND		DELETE	4. 1 T	IIY-SI	- /IP	ļ				
NAME				L.J Secere	4.1 N					Į.	Change	Addition

6 4 CITY - ST- ZIP 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 appears in Block 12 or Block 12 or Block 13 if charged, given an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5 1 7 TLE

5 2 NAME

6 1 THILE

6.2 NAME

SIGNATURE(

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

THLE

NAME

TITLE

NAME

STATE BUTY SIGNATURE AND OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

Change

☐ Change

☐ Addition

☐ Addition

CR2E034 (12/95)