## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400075527 (9)

JULIAN	L. AUSTIN, INC.		. • •			TERROLAN NA JAWA BIAN AKAN AKAN AKAN
Principal Place	of Business	Mailing Address				
39138 SHEFFEY LANE DADE CITY FL 33525		39138 SHEFFEY LANE DADE CITY FL 33525				DO NOT WRITE
						3. Date Incorporated or Qualified 10/11/1994
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	
21		26				59-3265634
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	
City & State		City & State			6. Election Campaign Financing	
23		28				Trust Fund Contribution
Zip 24	Country 25	Zip <b>29</b>	30	Country		This corporation owes or has p     Personal Property Tax due Juni
	9. Name and Address of Co	rrent Registered Agen				10. Name and Address of New R
391	STIN, JULIAN L 38 SHEFFEY LANE DE CITY EL 33525			81 82	Name Street Add	dress (P.O. Box Number is Not Accepta

FILED Sep 09 1997 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3a. Date of Last Report 04/30/1996

Applied For

634 Not Applicable \$8.75 Additional Status Desired П Fee Required \$5.00 May Be paign Financing ontribution Added to Fees ion owes or has paid the current year Intangible aeY 🔲 No. perly Tax due June 30. ddress of New Registered Agent er is Not Acceptable) 83 85 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITI E 1.1 TITLE ☐ Change ☐ Addition AUSTIN, JULIAN L NAME 1.2 NAME **39138 SHEFFEY LANE** STREET ADDRESS 1.3 STREET ADDRESS DADE CITY FL 33525 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 1ITLE Change Addition TITLE AUSTIN, JANICE F NAME 2.2 NAME 39138 SHEFFEY LANE STREET ADDRESS 2.3 STREET ADDRESS DADE CITY FL 33525 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I 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 plack 13 if chapted, or on an attachment with an advises.