FILE	NOW: FILING FEE	AFTER MAY 1 IS \$.00		
CORP ANNUA	ROFIT PORATION AL REPORT 996	FLORIDA DEPARTME Sandra B. Mo Secretary of DIVISION OF COR	or S		
DOCUM 1. Corporation I	1ENT # P9400 0	0090150 (1)		(1881) (1881) (1881) (1881) (1881) (1881)	1840) 280) 871/8 1800 72/8 (1880 20) 820 1821
Principal Place of Business 1745 W FLETCHER AVE. TAMPA FL 33612 US		Mailing Address 6931 N. FLORIDA AVE. TAMPA FL 33604			
00				3. Date Incorporated or Qualifice 12/12/1994	3a. Date of Last Report 05/01/1995
2. Principal Place	ce of Business	2a. Mailing Address 26 1745 W. Fletc.	he Ave	4. FEI Number 59-3281978	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	A	City & State 28 Tampa FL		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Only	8. This corporation has liability	for intangible tax under s 199,032,
24	25 g. Name and Address of Curren	29 <u>33ん/シ</u> 30 t Registered Agent		Florida Statutes 10. Name and Address of Ne	Yes No w Registered Agent
WALKER, ADRON H 802 11TH ST. WEST BRADENTON FL 34205			81 Name M 82 Street Add	ark D. Hackner ress (P.O. Box Number is Not Accept 45 W. Fletcher II)	otable)
			84 City		FL 85 Zip Code 336/2
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	ie at a ramed corpor y t'y paration's boa	Ampa ration submits this statement for the	purpose of changing its registered office appointment as registered agent. I am
familiar wit	h, and accept he ob gations of, Sect	ori 607.0505, Fiorida Statutes	C.D. Hankne	er President	Wirks
12.	Signature, gred or profes name of regulered ages: OFFICERS AN		95's A _v ec signature required	d when reinschings ADDITIONS/CHANGES TO C	DEFICERS AND DIRECTORS IN 12
TIFLE NAME STREET ADDRESS	P MARK, HACKNER O. 1745 W. FLETCHER AVE.	DELETE	11/17.6 WAME TUREFI ADDRESS		DEFICERS AND DIRECTORS IN 12 Change Addition Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	TAMPA FL VP LEONARD, LEVIN G. 1745 W. FLETCHER AVE.	DELETE	MY-S1-ZIP AITEE AME TREET ADDRESS		Change Addition
CITY-S1-ZIP	TAMPA FL	DELETE	UNTY-S1-ZIP UNLE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIF	MICHELL, RICE F. 1745 W. FLETCHER AVE. TAMPA FL		EME CHEET ADORESS 11 - S - 21P		Country. Control
TITLE NAME STREET ADDRESS		☐ DELETE	TLE IME HEFT ADDRESS		Change Addition
CITY - ST - ZIP TITLE NAME STREET ADDRESS		☐ DELETE	T-S - ZIP LE ME REET ADDRESS		Charge Addition
CITY-\$1-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	Y - \$1 - ZIP LE ME GEFT ADDRESS		Change Addition
certify the	by certify that the information supplied at the information indicated on this an t I am an officer or director of the corp in Block 12 or Block 13 if changed, o	nua: report or supplemental anitual poration or the receiver or trustee 6	need to execute this	e and that my signature shall have to report as required by Chapter 607,	
SIGNA	TURE:	OR PRINTED NAME OF SIGNING OFFICER	0A JOR	4/12/46	(813) 468-6511