

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

Principal Place of Business

Mailing Address

11723 HWY 301
WALDO FL 32694

P O BOX 237
WALDO FL 32694
US



3. Date Incorporated or Qualified
12/23/1994

3a. Date of Last Report
05/01/1995

4. F.E.I Number

| | |
|-------------|--|
| Applied For | |
|-------------|--|

59-3293982

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAPITAL CONNECTION, INC.
417 E VIRGINIA STREET
SUITE 1
TALLAHASSEE FL 32301

| | | |
|----|--|----------------|
| 81 | Name | KARY Mc Gee |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | Rt. 1 Box 1633 |
| 83 | | |
| 84 | City | WALDO |

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 respondent and title (if applicable)

(NO) Frequented Agent Separating required when to report the

4/20/96

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | MC GEE, DWAYNE K | |
| STREET ADDRESS | NE 120TH AVE | |
| CITY - ST - ZIP | WALDO FL 32094 | |

| | | |
|-----------------|----------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MC GEE, KARY A | |
| STREET ADDRESS | NE 120TH AVE | |
| CITY - ST - ZIP | WALDO FL 32694 | |

| | |
|-----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| TITLE | <input type="checkbox"/> DELETE |
|-----------------|---------------------------------|
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|----------|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|----------|---|

1.2 NAME _____

1.3 STREET ADDRESS _____

1.4 City, St., Zip _____

| | |
|--------------------|---|
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 SERIAL ADDRESS | |

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

| | |
|---------------------|---|
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add-on |

4.2 NAME _____

4.3 STREET ADDRESS _____

4.4 City, St, Zip _____

44 CTRF-STZIF

51 T TLF ☐ Change ☐ Addition

52 NAME

53 INCL LANGUAGES

5.4 CITY, ST, ZIP ☐ Change ☐ Add/Don

63 STREET ADDRESS
64 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 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: Dwayne McGee Dwayne McGee 4/19/96 (352) 468-1548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)