## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000012124 (0)

JOHN F. PLOURDE JR., P.A., P.A.

Principal Place of Business Mailing Address

## **FILED** Apr 29 1997 8:00am Secretary of State



15861 S.E. 105TH TERRACE SUMMERFIELD FL 34491		15861 S.E. 105TH TERRACE SUMMERFIELD FL 34491-7600							
							e of Last Fleport <b>6/1996</b>		
2. Principal F 21	Place of Business	2a. Mailing Address 26		4, FEI Number 59-3292573	<u> </u>	Applied For Not Applicable			
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	<u>├</u> ─		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State	<b>├</b> ¬ '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip <b>29</b>	Country  8. This corporation has liability for intangible tax under 6. 199.0.  Florida Statutes Yes No				. 199.032,		
	9. Name and Address of Curre	nt Registered Agent		1-::	10. Name and Address of New Re	gistered Age	ent		
	OURDE, JOHN F JR.		81	Name					
	81 S.E. 105TH TERRACE MMERFIELD FL 34491				dress (P.O. Box Number is Not Acceptab	le)			
			83						
			84	City		FL	5 Zip	Code	
11. Pursuant office or agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblic	02 and 607.1508, Florida Statu e of Florida. Such change was gations of, Section 607.0505, F	ites, the above authorized be forida Statute	re-named cor y the corpora is.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of ch It the appoint	anging i Iment as	ts registered registered	
SIGNATURE									
40	Signature, typed or printed name of registered ag			on: signature requ	uired when re-instating)	DATE	DEATO	20 111 40	
12.	P	ND DIRECTORS  DELETE	<b>13.</b> 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC		Change	Addition	
NAME	PLOURDE, JOHN JR.		1.2 NAME				Ottorigo	/ Idd/(Ib)/	
STREET ADDRESS	15861 S.E. 105TH TERRACE			T ADDRESS					
CITY-ST-ZIP	SUMMERFIELD FL 34491		1.4 CITY-						
TITLE	<u>V</u>	☐ DELE1E	2.1 TITLE				Change	Addition	
NAME	PLOURDE, SANDI		2.2 NAME						
STREET ADDRESS	15861 S.E. 105TH TERRACE		23 STREE	1 ADDRESS					
CITY-ST-ZIP	SUMMERFIELD FL 34491		2 4 CHY-	ST-ZIP					
TITLE		☐ DELETE	31 TITLE				Change	Addition	
NAME			32 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP	<del></del>	DELETE	3 4. CITY -	\$1-ZIP			Change	Addition	
NAME		<del></del>	4 2 NAME				o nango		
STREET ADDRESS			4 S STREE	T ADDRESS					
CITY-ST-ZIP			4 4 CITY-	ST-7IP					
TITLE		DELETE	51 TITLE				Change	Addition	
NAME			52 NAME						
STREET ADDRESS			5 8 STREE	1 ADDRESS					
CITY-ST-ZIP		T program	5 4 DITY-	ST-ZIP		·····			
TITLE		☐ DELETE	61 TITLE			L	Change	Addition	
NAME			62 NAME						
STREET ADDRESS				I ADDRESS					
CITY-ST-ZIP	l		6.4 CITY -	S1 - 7IP					

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 Block 13 if changed, or on an attachment with an address.