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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation Na	EN # P95	000015858 (( 3, INC.	))	1 2201204 (10 14121 2011 10 14121 2011	LDINA TÖYÜN HATOL OYATA KANDA ANIAK ININ KODA
Principal Place of	Business	Mailing Address			
10363 BELLTOWER STREET SPRING HILL FL 34608		10363 BELLTOWER STREET SPRING HILL FL 34608			
				3. Date incorporated or Qualified 3. 02/27/1995	Ba. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26		59-13299168	Not Applicable
Suite, Apr. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		Orty & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	8. This corporation has liability for inta-	Added to Fees
24	25	29	30	Florida Statutes	No
	9. Name and Address of Cur	rrent Registered Agent		10. Name and Address of New Regi	stered Agent
TDANKE	L CDECODY D		81 Name		
Trammel, Gregory D 10363 Belltower Street Spring Hill Fl 34608			82 Street	Address (P.O. Box Number is Not Acceptable)	
			83		
0,111101	THEE I E OTOGO				
			84 City		85 Zip Code
SIGNATURE	ature, typed or printed name of registered a		Bogistered Agent signature re		DATE
TITLE		☐ DELETF	1. 1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME			1.2 NAME	Gregory D. Trammel	Onlings Addition
STREET ADDRESS			1.3 STREET ADDRESS	Gregory D. Trammel 10363 Belltower St.	
CiTY-ST-ZIP			1.4 CHY-ST-ZIP	Spring Hill, FL 3460	8
TITLE	•	DELETE	2 1 TITLE		Change Addition
NAME CIRCLI ADDOLOG			2.2 NAME		
STREET ADDRESS  CITY-ST-ZIP			2 3 STREET ADDRESS		
TITLE	***************************************	["] DELETE	2.4 CHY-ST-ZIP 3 1 TITLE		
NAME		[] (/ccc)	3.2 NAME		- Change Addition
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY+ST-ZIP		
TITLE		[] DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		•
CITY-ST-ZIP			4.4 CITY - \$1 - ZIP		
TITLE		DELETE	5. 1 TITLE		Change Addition
NAME Street address			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE	9 MAIA	DELETE	5 4 CITY-SI-ZIP 6 1 TITLE		F1.0
NAME		LJoneth	62 NAME		Change Addition
STREE1 ADDRESS			63 STREET ADDRESS		
DITY-S1-ZIP			6.6.011V_S1.7IP		
<ol> <li>I do hereby cer certify that the</li> </ol>	tify that the information supplied	d with this filing is voluntarily furnish	and an artist of the second	ly for the exemption stated in Section 119.07(3	I(k), Florida Statutes. I further
oath; that I am	an officer or director of the cor	inual report or supplemental annual poration or the receiver or trustee a or on an attachment with an addres	report is tibe a lo acc	ly for the exemption stated in Section 119.07(3) urate and that my signature shall have the sam this report as required by Chapter 607, Florida	e legal effect as if made under Statutes; and that my name

SIGNATURE: Gregory D. Trammel 5/10/96 352-154-0334