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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000018541 (9)

STROP ALLISON, INC.

THE

NAME

STREET ADDRESS

Principal Pia	ace of Business	Mailing Address	<u> </u>	# 1871/1886 188 1886 BANK BONK	L MATEL MELDE 1960) 1810 ESTAT BYARY 1907 (00)	
321 RIVERSIDE DRIVE STEINHATCHEE FL 32359		PO BOX 287 STEINHATCHEE FL 32359-	0287			
! 				3. Date Incorporated or Qualifie 03/08/1995	ed 3s. Date of Last Report 04/19/1996	
2. Principat	Prace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26 55824 F	FRN Rb.	59-3299504	Not Applicab	
	of # etc.	Suite, Apt. #, etc.	<u></u>	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & St	ate	City & State	·L.	Election Campaign Financing Trust Fund Contribution	S \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zφ 29 3210 2	Country 30 USA		for intangible tax under s. 199.032,	
1521	9. Name and Address of Cu		1001 001	10. Name and Address of New		
61	TOOD MALIANAS		81 Name			
	TROP, WILLIAM L		IST	ROP, WILLIAM	L,	
	21 RIVERSIDE DRIVE		82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)		
S	TEINHATCHEE FL 32359		83	824 FERN RD		
j]03[
[84 City_		85 Zip Code	
Ĺ			I As	TOR	FL 32102	
11. Pursuar	rit to the provisions of Sections 607	.0502 and 607.1508, Florida Statut	es, the above-named o	corporation submits this statement for the pration's board of directors. I hereby according to the property of	he purpose of changing its registere	
09100.0	ar registered agent, or both, in the t Lam familiar with, and accept the c	state of Florida, Such change was a phliciations of, Section 607,0505, Flo	idinorized by the corpi orida Statutes.	oration's board of directors, I hereby at	ccept the appointment as registered	
			7.1.	£SL.	4-7-97	
2 SKADATURU	F WILLIAM Lock Signature typed in printed manusof registers	d agent and title if applicable. (NOT	: Registered Agent signature r	equired when reinspling)	DAYE	
12.	#	AND DIRECTORS	13.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12	
THE	PD	DELETE	1.1 TITLE		☐ Change ☐ Additi	
NAME	STROP, WILLIAM L		1.2 NAME			
STREET ADDRES			1.3 STREET ADDRESS			
ł	STEINHATCHEE FL 32359					
L-1Y-S1-7P TiftE	STD STD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Additi	
	1 41-	El pereit			End Onlinge Tank Addition	
NAM!	ALLISON, EUZABETH B		2.2 NAME			
STREET ACIDRES	40.12.00.000		2.3 STREET ADDRESS			
CITY ST-24F	STEINHATCHEE FL 32359		2 4 CITY - ST - ZIP			
7/16		☐ DELETE	3.1 TITLE		Change Additi	
NAMi			3.2 NAME			
STREET ADORES	5)		3.3 STREET ADDRESS		Note that the second second	
CITY-ST ZIP	.]		3 4. CITY - ST - ZIP			
TIELE		DELETE	4.1 TITLE		Change Additi	
NAME:			4. 2 NAME			
SIFE ADDRES	8		4.3 STREET ADDRESS			
CHY-SI Z#		DELETE	4.4 CITY - ST - 2IP 5 1 TITLE		Change Additi	
1	i	L., beteft	1		Cal Change Cal Appli	
NAME			5.2 NAME			
STREET ADDINGS	δ		5.3 STREET ADDRESS			
CHY-ST-7IP	1		5.4 CITY-ST-ZIP			

14. If do hereby cartify 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.

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

DELETE

SIGNATURE: ELIZABETH B. ALUSON EUSalual B. ALUSON BUSALIA B. ALUSON 4-7-97 352-759-3080

0051471