## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

-	1996	DIVISION OF CO	DRPORATIONS		
DOCUN 1. Corporation	MENT # <b>P950</b> 0	00020514 (2)			
B-6 RAC	DIO CORPORATION			t iädijäär tiä jäjar älist atelt balle sa	rát Máisā siáis Báiús airis stáit alst saot
Principal Place of Business		Mailing Address		r idecides nio inial Atiti delii delii delii	en manen izase manan dinah midit didi 1881
902 SOUTH BLVD CHIPLEY FL 32428		902 SOUTH BLVD CHIPLEY FL 32428			
Oran CET TE D		CHAPTEL 1 PE 32420		3. Date incorporated or Qualified	3a. Date of Last Report
				03/13/1995	
2. Principal Place of Business 21 1513 SOUTH BLVD.		2a. Mailing Address 26 1513 SOUTH BLVD		4. FEI Number 59–3282235	Applied For Not Applicable
Suite, Apt. #_etc		Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23 CHIPLE		28 CHIPLEY, FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ	Country	Zip L	Country	8. This corporation has hability for i	ntangible tax under s. 199 032,
24 32428	25 USA  9. Name and Address of Curr	· · · · · · · · · · · · · · · · · · ·	BO USA	Florida Statutes  10. Name and Address of New Re	Yes No
DAI		ent negistaled Agent	81 Name	10. Name and Address of New Ne	gistered Agent
BALKOM, PETE J 902 SOUTH BLVD			82 Street Addr	ress (P.O. Box Number is Not Acceptab	le)
CHIPLEY FL 32428				SOUTH BLVD.	<u> </u>
			83		
			84 City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the po on's board of directors. Thereby accept	unose of changing its registered
agent Lar	n familiar with, and accept the obl	igations of Section 607.0505, Florid	da Statutes	uits beard of directors. Thereby a scept	the apportunent as registered
SIGNATURE	Signature, type dior print informal of regardered.	age et and ple Lag pleatilie (fe/Tt	Felipsk and Agent signature requi	red when reastatings	[IATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PVST	DETETE	1 1 TITLE		Change Addition i
NAME STREET ADDRESS	Balkom, Pete J 902 South BLVD		1 2 NAME 1 3 STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL 32428		1 4 CITY - ST - ZIP	•	
TITLE		DELETE	2 1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADORESS			2 3 STREET ADDRESS		
CHTY-ST-ZIP THLE		DELETE	2 4 CITY - ST - ZIP 31 TITLE		Change Addition
. NAME		—	3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
DITY - ST - ZIP		DELETE	3.4 City-SI-ZiP 4.1 TitlE		Change Addition
NAMÉ		. Steele	4 2 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY+\$T+ZIP			4.4 CiTY - ST - ZIP		
TITLE		L DELETE	5 1 THTLE		Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CiTy - ST - ZIP		
TITLE		DELETE	6 T TIFLE		Change Add:tion
NAM€			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
14. I do heret	by certify that the information supp	lied with this filing is voluntarily furn	■ 64 CHY - ST-ZIP hished and does not qua	lify for the exemption stated in Section	119 07(3)(k), Flor da Statutes -t

Too herby certify that the information supplied with this immy is voluntarily furnished and obes not quality for the exemption states in Section 1.19 or (a)(x), include statutes if further certify that the information indicated on this arinual report or supplemental annual report is true and accurate and it allow 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if obtaining d, or on an attachment with an address.

SIGNATURE:

PETE J. BALKOM

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/96 904+638+0234