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

City & State

VERO BEACH FL 32961

DOCUMENT #

P95000028756 (1)

PROFITT & COMPANY, INC.

Principal Place of Business Mailing Address 5480 ROSEWOOD ROAD 5480 ROSEWOOD ROAD VERO BEACH FL 32966 VERO BEACH FL 32966 3. Date incorporated or Qualified 3a. Date of Last Report 04/12/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-05743 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27

City & State

\$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FANARO, RONALD S Street Address (P.O. Box Number is Not Acceptable) 82 **7555 20TH STREET**

6. Election Campaign Financing

City Zip Code 85 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.

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Signature, typec or printed name of registered agent and title if applicable (NOT 12. OFFICERS AND DIRECTORS			Registered Agent signature required wher reinstalling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.			RS IN 12
TITLE	D	DELETE	1. 1 TITLE	ADDITIONS/OFFANGES TO	Change	Addition
NAME	PROFITT, DAVID C		1.2 NAME		C.J. Gridings	
STREET ADDRESS	5480 ROSEWOOD ROAD		1.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32966		1.4 CITY-ST-ZIP			
TITLE	D	DELETÉ	2. 1 TITLE		Change	Addition
NAME	CHIDISTER, JACK T	<u></u>	2.2 NAME			
STREET ADDRESS	10318 INVERNESS WAY		2.3 STREET ADDRESS			
CITY-ST-ZIP	PORT ST. LUCIE FL 34986		2.4 CITY - ST- ZIP			
TITLE		DELETE.	3 1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3. STREET ADDRESS			
CITY+ST-ZIP			3 4 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 C·TY-ST-ZIP			
TITLE		☐ DELETE	5 1 TITLE		☐ Change	Addition
NAME			5 2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6 1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY OT TID		()	CACITY OF 7ID			

14. If 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 directors the corporation or the resource or trusty, empowered to execute this report as required by Chanter 607. Florida Statutes and that are not true to execute this report as required by Chanter 607. annial report is true and accurate and that my signature shall have the same legal effect as if made under uside empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block or Block 13 if ch

SIGNATURE:

DAVID C. 770 Fit 4-26.96 407.7789131

Applied For

\$8.75 Additional

Fee Required

Not Applicable