

**P95000031454**

**CAPITAL CONNECTION, INC.**

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224 8870  
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
 TOLL FREE No. 1 800 342 8062  
 FAX (904) 222-1222

NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
 One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

RECEIVED  
 95 APR 21 PM 2:47  
 CAPITAL CONNECTION

*4/21/95*

REQUEST \_\_\_\_\_ TAKEN \_\_\_\_\_ CONFIRMED \_\_\_\_\_ APPROVED \_\_\_\_\_  
 DATE \_\_\_\_\_  
 TIME *SHZ* \_\_\_\_\_ CK No. \_\_\_\_\_  
 BY \_\_\_\_\_

WALK-IN *4-21-200*  
 Will Pick Up

RE: *Lil Abner*  
*Unlimited, Inc.*

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input checked="" type="checkbox"/> Foreign Corp. File		
<input type="checkbox"/> ( ) Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ( )		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX ( ) pgs.		
<b>SUBTOTALS</b>		

000001462200  
 -04/21/95--01041--033  
 \*\*\*\*122.50 \*\*\*\*122.50

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____
	\$ _____

Please remit invoice number with payment  
 TERMS: NET 10 DAYS FROM INVOICE DATE  
 1 1/2% per month on Past Due Amounts  
 Past 30 Days, 18% per Annum.

THANK YOU  
 from  
 Your Capital Connection

**ARTICLES OF INCORPORATION**

**LIL ABNER UNLIMITED, INC.**

**ARTICLE I - NAME**

The name of this corporation is Lil Abner Unlimited, Inc..

**ARTICLE II - DURATION**

This corporation shall have perpetual existence.

**ARTICLE III - PURPOSE**

This corporation is organized for the purpose of transacting any and all lawful business.

**ARTICLE IV - CAPITAL STOCK**

This corporation is authorized to issue 7500 shares of \$1.00 par value common stock.

**ARTICLE V - MAILING ADDRESS**

The principal office of the corporation shall be 12050 SE Highway C-25, Oklawaha, Florida 32179 and the mailing address of the corporation is the same.

**ARTICLE VI - INITIAL REGISTERED AGENT -  
DESIGNATION AND ACCEPTANCE**

The name and address of the initial registered agent and office of this corporation is: Ina Reid, 12050 SE Highway C-25, Oklawaha, Florida 32179. Ina Reid has signed these Articles of Incorporation to indicate her acceptance and agreement to act in this capacity as contemplated by §607.0202, Florida Statutes.

I hereby accept the appointment as Registered Agent of Lil Abner Unlimited, Inc. and agree to act in that capacity.

  
\_\_\_\_\_  
INA REID

**ARTICLE VII - INCORPORATORS AND  
INITIAL BOARD OF DIRECTORS**

The name and address of the persons signing these Articles of Incorporation is as follows:

**NAME:**

**ADDRESS:**

Ina Reid

12050 SE Highway C-25  
Oklawaha, Florida 32179

The corporation shall have one director initially. The number of directors may be increased from time to time by the By-Laws, but shall never be less than one (1) and the method of election of directors shall be governed by the By-Laws. The name and address of the initial Directors of this corporation is:

**NAME:**

**ADDRESS:**

Ina Reid

12050 SE Highway C-25  
Oklawaha, Florida 32179

IN WITNESS WHEREOF, the undersigned incorporators have executed these Articles of Incorporation this 20th day of April, 1995.

  
\_\_\_\_\_  
Ina Reid

STATE OF FLORIDA

COUNTY OF MARION

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Ina Reid who acknowledged before me that she is the person who executed the foregoing Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and official  
seal, in the State and County aforesaid, this 26th day of  
April, 1995.

Notary Public:

Sign Ellen D. Giles  
Print \_\_\_\_\_

State of Florida At Large (Seal)  
My Commission Expires:

Personally known \_\_\_\_\_

Produced Identification X \_\_\_\_\_

Type of Identification Produced FL DL # R300-412-50-604-0



ELLEN D. GILES  
MY COMMISSION # 00423400 EXPIRES  
December 10, 1998  
BONDED TYPAL TROY FARM INSURANCE, INC.

P95000031454 *August 20, 1976*

R.L. Hill Assoc. Unlimited Inc.,  
Document # P 95000031454

To Whom it may concern:

Please be advised of an address change  
for the above corporation.

New mailing address:

11315 S.E. 73<sup>rd</sup> Ct.  
Belleview, FL. 34420

Please mark your records accordingly.

*Ina Reid*  
Ina Reid  
President

4mtn  
8.30.96