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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Apr 25 1997 8:00am

Secretary of State

	1997							
	MENT # P95000 S AND ASSOCIATES INC.	032721 (9)			1 100.1441 118 10161 41111 40111 64111 54111	 	1831 (ANIX 21882	: NEI 1881
Principal Place of Business 103 TAYLOR AVE GROVELAND FL 34736		Mailing Address P.O. BOX 455 GROVELAND FL 34736-0455		1 168(108): 110 18(8) 85(1) 86(1) 88(1) 88(1) 88(1)			47DI 1881	
					3. Date Incorporated or Qualified 04/26/1995		ile of Last Re 1/1996	eport
	lace of Business	2a. Mailing Address			4. FEI Number 59-3385219		1 1 1 1 1 1 1 1 1	plied For
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	ot Applicable Additional
22		27			Certificate of Status Desired		Fee Re	
City & Stat	е	City & State			6. Election Campaign Financing		\$5.00	
Zip	Country	28	Count	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution		Added t	
24	25	29	30	J	8. This corporation has liability for Florida Statutes		tax ander s. No	199.032,
9. Name and Address of Current Registered Agent					10. Name and Address of New Re		gent	
	DUS, LUCILLE		8	Name				ļ
	FIRST AVE		8	Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
GHU	OVELAND FL 34738		8					
				ļ				
			8	4 City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607,050	2 and 607,1508, Florida Statute	es, the abo	ve-named corp	poration submits this statement for the p		changing its	s registered
agent 1 a	egistered agent, or both, in the State I m familiar with, and accept the obli g	or Florida. Such change was a ations of, Section 607.0505, Flo	authorized t brida Statuti	oy the corpora es.	poration submits this statement for the p tion's board of directors. I hereby accep	odde aut ic	ointment as	registerea
SIGNATURE				·			·	
12.	Signature, typod or printed name of registered ago OFFICERS AN		E Registered A	gent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTOR	S IN 12
TITLE	D	DELETE	1.1 TITLE		7,5047,07,07,07,07,07		☐ Change	Addition
NAME	BRODUS, CORNELIUS	1.2 NA						Į
STREET ADDRESS	360 1ST ST.		13 STRE	T ADDRESS				
CITY-ST-ZIP	GROVELAND FL 34736		1.4 CITY-				T	
TITLE	D Brodus, Lucille	DELETE 2.178)			Change	Addition (
NAME STREET ADDRESS	360 1ST ST.	2.2		Et address				
CITY-ST-ZIP	GROVELAND FL 34736	1		-S1-ZIP				
TITLE	D	DELETE 3.11					Change	Addition
NAME	FORREST, DONNA M		3.2 NAME					
STREET ADDRESS	360 1ST ST.		3.3 STREE	1 ADDRESS				
CITY-ST-ZIP	GROVELAND FL 34736		3.4. CI1Y					
TITLE	D Brodus, Cornelius Jr.	☐ DELETÉ 4.1 TO		ì			Change	Addition
NAME STREET ADDRESS	360 1ST ST.		4. 2 NAM					
CITY-ST-ZIP	GROVELAND FL 34738		4.4 City	T ADDRESS				1
TITLE	D	DELETE	5.1 TITLE	01-411			Change	Addition
NAME	BRODUS, CHANDA		5.2 NAME					
STREET ADDRESS	360 1ST AVE		5 3 STREE	T ADDRESS				Į
CITY-ST-ZIP	GROVELAND FL 34637		5.4 CITY	\$1-7IP				
TITLE		☐ DELETE	6.1 TATLE				Change	Addition
NAME			6.2 NAME]
STREET ADDRESS	15			T ADDRESS				{
City-St-ZiP	L		6.4 CITY	SI-ZIP				

14. I do hereby certify 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.