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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000035651 (5)

SANTE FE, SUWANNEE & TAMPA BAY, INC.

FILED Feb 25 1997 8:00am Secretary of State

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Principal Place of Business 2531 EAGLE BAY DRIVE XMEXINGSEPYMEXXXXXX ORANGE PARK FL 32073 US		Mailing Address 2531 EAGLE BAY DRIVE XNOKXDESCREAM XXXXX ORANGE PARK FL 32073-4509 US		3. Date Incorporated or Qualified 3a. Date of Last Report 05/08/1995 04/17/1996			
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	04/11/188	Applied For
21		26			59-3316250	-	Not Applicable
Suito. Apt 22		Suite, Apt #, etc.			5. Certificate of Status Desired	1.04	75 Additional e Required
City & Str	do	City & State	·	,	6. Election Campaign Financing	\$5.	00 May Be
23		28	.,		Trust Fund Contribution	Add	ded to Fees
Zip """]	Country	Zip	Count	ry	8. This corporation has liability for i		ler s. 199.032,
24	25 9. Name and Address of Currel	29 nt Registered Agent	30		Florida Statutes 10. Name and Address of New Re	Yes No	
DA	VID A. KING		8	1 Name			
	TORNEY AT LAW			2 Street Add	dress (P.O. Box Number is Not Acceptab	No.	
	16 KINGSLEY AVENUE		10	2 Silver Adi	bress (F.O. Box Number is Not Acceptab	ne į	
	ANGE PARK FL 32073		8	3			
			}	4 City		—. 85	Zip Code
				<u>l</u>	rporation submits this statement for the p	FL	
SIGNATURE	ं वृत्ता र अवस्थित विकास विकास स्टब्रु वास्ताव वर्	ort med tide if applicable (NC	ItE: Registered A	gen; signature requ	i isad juhon reinstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	
TIFLS	DPT	ID DIRECTORS	13. 1.1 TOTAL				
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4. For hereby certify that the information supplied with this filling closs not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this armual 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 direction of thy compretion or the receiver or true too 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 any faching that my name.

SIGNATURE: X / ///// = ///

OFFICER OR DIRECTOR

Daytanie Phone #