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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # P95000040444 (8)

GRANTS ADMINISTRATION AND MANAGEMENT SERVICES, I

FILED Apr 22 1997 8:00am Secretary of State



NU.	and D. vivoso	Mailea Add			<u></u>			
Principal Place of Business Mailing Address 227 EAST JEFFERSON STREET 227 EAST JEFFERSON STREET OUINCY FL 32351 OUINCY FL 32351 QUINCY FL 32351 2426								
						3. Date incorporated or Qualified 05/22/1995	3a. Date of Last 04/03/1996	3
	Place of Business	2a. Mailing A	ddress			4. FEI Number 4/16/97 PE		
Suite, Apl	# etc	26 Suite, Apr	#. etc.			- APTILU FUII - 59	. €9.75	Not Applicable Additional
22	, , , , , , , , , , , , , , , , , , , ,	27	, =			5. Certificate of Status Desired	7	Required
City & Stat	0	City & Sta	ile			Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
Zφ	Country	Zip		Country	,	8. This corporation has liability for		s. 199.032,
24	25 9. Name and Address of Curro	29		30		Florida Statutes 10. Name and Address of New R	Yes No	
DIO.	. , , , , , , , , , , , , , , , , , , ,	ent Registered Age	nt	81	Name	10, Name and Address of New N	agistered Agent	
RICHMOND, HAROLD S 227 EAST JEFFERSON STREET			82		ess (P.O. Box Number is Not Accepta	ble)		
QUI	INCY FL 32351			63				
				84	City		85 Zi	p Code
					,		FL	,
office or r agent. La SIGNATURI	registered agent, or both, in the Starm familiar with, and accept the obli	te of Florida. Such c gations of, Section 6	hange was au 607.0505, Flor	ithorized by ida Statute	the corporat	oration submits this statement for the ion's board of directors. I hereby acce	pt the appointment a	as registered
40	Signature, typed or printed name of registered a		(NOTE		ent signature requi	red when reinstating)	DATE OFFICE AND DIDECTO	2DC IN 40
12. TILLE	OFFICERS A	ND DIRECTORS	DELETE	13. 1.1 TITLE	—————	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTO	
NAME	BUTLER, EDWARD J	-	-	1.2 NAME	i		•	
STREET ADDRESS	406 US 27 SOUTH			1.3 STREET	ADDRESS			
CHY-ST-7in	HAVANA FL 32333			1.4 CITY - 9	IT-ZIP			
HILF	D DANKE BOCKHADY C	L) DELETÉ	2.1 TITLE			L. Change	e L_J Addition
NAME STREET ADDRESS	BANKS, ROSEMARY C ROUTE 5, BOX 94A N/A			2.2 NAME 2.3 STREET	. VUUBLGG	•	1	
(HY-S)-7#	QUINCY FL 32351			2.4 CITY-			. " 	ļ
met			DELETE	31 TITLE			. Crange	e 🔲 Addition
N≙M€				3.2 NAME		·		
STREET ADDRESS				3.3 STREET	***			
CHY-ST-ZiP TIME			DELETE	3.4. CITY - 4.1 TITLE	ST-ZIP		Change	e Addition
NAME		_		4. 2 NAME				hand a footened
STREET ADDRESS				4.3 STREET	ADDRESS			
C 1Y - S1 - ZIP				4.4 CITY - S	IT-ZIP			
TITLE		ļ	DELETE	5.1 TITLE			Change	e 🔲 Addition
NAME CARCAL AREAS OF				5.2 NAME	* ********			
STREET ACCRESS ONLY ST-ZIP				5.3 STREFT 5.4 CITY - S	- 1			
THIE			DELETE	6.1 YITLE	11 - 411		Change	e 🔲 Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-S1-ZIF			•	64 CITY-S	ST-ZIP			

information indicated on this annual report or supplierential 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 kystee 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 eddress.

SIGNATURE: