SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON &R BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION: ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000049248 (4)

STRICKLAND MANOR, INC.

Principal Place of Business

Mailing Address

FILED 96 AUG 12 AM 10: 25

SECRETARY OF STATE

13121 N. 25TH TAMPA FL 3361		13121 N. 25TH STREET TAMPA FL 33612			3. Date Incorporated or Qualified	3a. Date	of Last Report
					06/22/1995		
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number		Applied For
21 131	1)	26 P.O. BOX	24	0447	59.3322713		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	X	\$8.75 Additional Fee Required
City & State City & State 23			, F1		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24 336	Country 12 25 Hillshord	^{Zip} 3 3682		untry }}itt>base		Yes 📗	No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Ag	ent
STR	ICKLAND, TIMOTHY H			81 Name			
13121 N. 25TH STREET TAMPA FL 33612				82 Street Address (P.O. Box Number is Not Acceptable)			
				L			
				83			
				84 City		FL	85 Zip Code
*		- J COZ 1500 Flor do Ctatul	loc tho al	1 1 nove passed corp	oration submits this statement for the p	uranse of ch	anging its registered
office or re agent. Lar SIGNATURE	egistered agent, or both, in the State C in familiar with, and accept the obligat	r Florida Such change was a sorts of, Section 607 0505, Fi	aumonzeo orida Stat	utes	ons board or directors intrody in sage	the appoint	ment as registered
	Signature, typed or printed name of registered agen			ed Agent signal are requir	ADDITIONS/CHANGES TO OFFIC		IRECTORS IN 12
12.	OFFICERS AND	DELETE	13. 111	OTOE	ADDITIONS/CHANGES TO OFFIC		Change Addition
TITLE	President	<u></u>		NAME		_	<u> </u>
NAME	Timothy H 5 13121 N. 25th	Trickings		STREET ADORESS			
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NAME			32	NAME			
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CITY-S1-ZIP			1	CITY - ST - ZIP	Y15	1,	
THLE		DELETE		TITLE	811		Change Additio
NAME			6.2	NAME	·		
STREET ADDRESS			63	STREET ADDRESS			
			6 4	CITY-ST-ZIP			N. E
14 I do bero	by cortify that the information sumplies	with this filing is voluntarily	turnished	and does not qua	alify for the exemption stated in Section	-119 07(3)(k), Fiorida Statutes 📙

For or nereby certify that the information supplied with this aiming is voluntarily turnished and does not quality for the exemption stated in deciding the orthogonal further certify that the information indicated on this annual report or supplieriental annual report is true and accurate and that my signature shall have the same legal effect as if made under oalth, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI