

PROFIT
CORPORATION
ANNUAL REPORT
1996



DIVISION OF CORPORATIONS

1. Corporation Name:

Principal Place of Business

200 - A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

Mailing Address

200 - A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

Suite, Apt. #, etc.

24	Zip 34997	25	Country Martin
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$$S(n) = \sum_{k=0}^n \binom{n}{k} \frac{1}{k+1} = \frac{2^{n+1}-1}{n+1}.$$

28] Tennessee Beard []

29 | 34957

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200 - A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

81 Name:

Street Address If ² (1) Box Number is Not Acceptable

83

City

85	Zip Code
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11. Pursuant to the provisions of Sections 607.08(4) and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.08(4), Florida Statutes.

SIGNATURE

Source: <http://www.fishbase.org>. Distribution: <http://www.fishbase.org>.

12. _____ OFFICERS AND DIRECTOR

TITLE	D
NAME	CLARK, GARY E
STREET ADDRESS	12578 REAVES ROAD
CITY - STATE	WINTER GARDEN FL 34787

DATE	D
NAME	SCHRECKENGOST, RICHARD
STREET ADDRESS	2074 SOUTH EAST LIBRA LANE
CITY STATE	PORT SAINT LUCIE FL 34984

NAME	
STREET ADDRESS	
CITY, ST, ZIP	

NAME	☐ GALE
STREET ADDRESS	
CITY - ST - ZIP	

FILE	☐ DELETE
NAME	
STREET ADDRESS	
CITY ST ZIP	

DATE
NAME
STREET ADDRESS
CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change
 ☐ Addition

13.5 PRELIMINARY: ~~100~~ 93015 Ocean Dr. #920-2

1404-SF 20	Jensen Beach, FL 34957		
2110	V/D	☐ Change	☒ Addition

22 NAME Clark, Valerie K.
235 BIRTH ADDRESS 4801 S. Ocean Dr. #920-2
240 CITY, ST., ZIP Jensen Beach, Fl 34957
250 PHONE

☐ Change ☐ Addition

33 Steel Applications

34. 117. 51. 710

DATE: _____ ☐ Change ☐ Addition

[illegible]

5. Title	Character	Add. Fee
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FC NAME COUNTRY CODE	☐ Change ☐ Addition
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3 STATE ADDRESS

4 CITY, STATE

☐ Change ☐ Addition

STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.04(3)(b), Florida Statutes. I further certify that the information included in this filing is true and accurate and is a report in the public interest. I am an officer or director of the corporation or partner, empowered to execute this report as required by Chapter 607, Florida Statutes, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or partner, empowered to execute this report as required by Chapter 607, Florida Statutes, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or partner, empowered to execute this report as required by Chapter 607, Florida Statutes, and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:  Gary E. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3120196 (407)288-6624

CR2E034 (12/95)