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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000065927 (2)

MERRIBETH HOLMES, P.A.

:						
Principal Place	e of Business	Mailing Address	ailing Address			E BOLIT DIINE DIIIN INIIN ELDII ENNI INKE
P.O. BOX 205 LAND O' LAKES FL 34639 US		P.O. BOX 205 LAND O' LAKES FL 34639-0205 US		· ·		
ı					 Date Incorporated or Qualified 08/21/1995 	3a. Date of Last Report 08/12/1996
2. Principal P	ace of Business	2a, Mailing Address			4. FEI Number	Applied For
21		26			59-3345163	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22 City & Challe		City & State			Fee Required	
City & State		├─ŋ '		6, Election Campaign Financing	\$5.00 May Be	
Zip Country		Zip Country		Trust Fund Contribution 8. This corporation has liability for	Added to Fees	
24	25 29 30		- 1	,	, , , , , , , , , , , , , , , , , , ,	Yes No
24	g. Name and Address of Current		1901		10. Name and Address of New Re	
HOL	MES, MERRIBETH		8	Name /	(64)	
-7625 LITTLE RD:			82	Stroot Ad	,SAme) dress (P.O. Box Number is Not Acceptal	blo)
	PORT-RICHEY-FL-94654		"	olider Ab	3038 CHARGES IHU D	ē.
			83			
		84 City			85 Zip Code	
				J-	funcal	FL 34664
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, 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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent.						
SIGNATURE	Mulith 10		VSP)	lesist	end agent	3/15/97
				gent signature rec	quired when reinstating	DATE
12.	OFFICERS AND PVST	DELETE	13. 1.1 VIILE		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Addition
NAME	ALLIPA LIPARIAPPI		1.2 NAME		(MERRUSETH HOLMES)	La change La riadino.
STREET ADDRESS	-7025 LITTEL RD.		1.3 STREET ADDRESS		(MERRIBETH HOLMES) 13035 CYPRESS HILL ON	R.
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CRY-SI-ZIP		HUDSON, FL 34669	
TITLE	THE TOTAL THORIES TE	DELETE	2.1 TITLE			Change Addition
NAME	22 NAM				<u> </u>	
STREET ADORESS				ET ADDRESS		
CITY-ST-ZIP			2 4 CITY - ST - ZIP			
TITLE	☐ DELETE		3.1 TITLE			Change Addition
NAME	32		3.2 NAMI			
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CHY	-S1-ZIP		
TITLE	☐ DELETE		4.1 TITLE			Change Addition
NAME			4.2 NAM	E		
STREET ADDRESS			4.3 S1RE	E1 ADDRESS		
CITY-ST-ZIP			4.4 CITY	-S1-ZIP		
TITLE			5.1 1111.5			Change Addition
NAME			5.2 NAMI			
STREET ADDRESS			5.3 STRE	e1 Address		
CITY-ST-ZIP		······································	5.4 CITY	-ST-ZIP		
TITLE		DELETE	6.1 Trille			☐ Change ☐ Addition
NAME			6.2 NAM	ŧ		
STREET ADDRESS			6.3 STRE	ET ADDRESS		

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 of Block 13 if changed, or on an attachment with an address.