## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000066112 (0)

1. Corporation	MENT # P9500 EA - H, INC.	00066112	2 (0)		1 (48) 1810 1810 1810 1811 18	ini dana balai dona d	
Principal Place of Business Mailing Address			i			)	ira andi frädi mili mili (fili)
6721 W NORVELL BRYANT HWY CRYSTAL RIVER FL 34429			6721 W NORVELL BRYANT HWY CRYSTAL RIVER FL 34429				
					Date Incorporated or Qua     08/25/1995      FEI Number	alified 3a. Dat	e of Last Report
2. Principal Place of Business		<u></u>	2a. Mailing Address			20	Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.		59-33327		Not Applicable  \$8.75 Additional
27					5. Certificate of Status Desi	red 🔲	Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
Zip Country		28 Country			Trust Fund Contribution		Added to Fees
24	Country 29		Zip Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ▼No		
	9. Name and Address of Curr	<del></del>	[00]		10. Name and Address of		Agent
			8	Name			- =T
MINIARD, LARENA				82 Street Address (P.O. Box Number is Not Acceptable)			
6731 W NORVELL BRYANT HWY							
CRYSTA	L RIVER FL 34429		83	3			
			84	City		FL	85 Zip Code
or registere	o the provisions of Sections 607.05 ad agent, or both, in the State of Flo h, and accept the obligations of, Se	orida. Such change was	authorized by the cor	named corpora poration's board	ation submits this statement for d of directors. I hereby accept th	the purpose of ch ne appointment as	anging its registered office registered agent. I am
	Signature typed or printed name of registered ag	<del></del>	(NOTE: Registered Age	ent signature required	<del> </del>	DATE	
12. TITLE	D OFFICERS A	ND DIRECTORS  DEL	13. ETE 1.1 TITLE	T.	ADDITIONS/CHANGES T		Change Addition
NAME	MINIARD, LARENA		1.2 NAME		iniard, Larer		- Change - Producti
STREET ADDRESS				T ADDRESS	121 W. Morrell &	shant t	wy
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		1.4 CITY-	ST-ZIP CO	istal River F	L 3443	9
TITLE		☐ DEL	ETE 2 1 TITLE		•	[	Change Addition
NAME			2 2 NAME	Do	nny T. Strunk 21 w. Norvell B	- mak 11.	. m. l
STREET ADDRESS			23 STREE			•	
CITY - ST- ZIP		F-3 DE	24 CITY-		ystal River Fl		7.05
TITLE NAME		☐ DEL			ير يا ما م		Change Addition
STREET ADDRESS			32 NAME	CT ADDOCCC	trick Kelley 21 w. Norvell B	a. 4	end
CITY-SI-ZIP			3.4 CITY-	1.00	ystal River P	2010	
TITLE		DEL			42161 11100 1	<u> </u>	Change Addition
NAME			4.2 NAME	Ke	evin Moore	·	<del></del>
STREET ADDRESS			4.3 STREE	T ADDRESS	21 W. Norvell 16	mant Hu	<b>9</b> 4
CHY-SI-ZIP			4.4 CITY -	ST-ZIP	Istal River FL	34429	
TITLE		☐ D£L			•	` [	Change Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
TITLE		□ DEL	5.4 CITY - ETE 6. 1 TITLE				Change Addition
NAME			6.2 NAME	1		·	Taylor La Location
STREET ADDRESS				T ADORESS			
CITY-ST-ZIP			6.4 CITY-	i			
14. I do hereby	certify that the information supplied	o with this filing is volunt	arily furnished and do	es not qualify fo	or the exemption stated in Section	n 119.07(3)(k), Fic	orida Statutes. I further
oath; that I appears in	the information indicated on this an am an officer or diffector of the corp Block 12 or Block 1/3 if changed, o	noarreport or suppleme poration or the receiver or r on an attachmont with	rikai arinuar report is tr or trustee empowered ran address	to execute this	e and trial my signature shall ha report as required by Chapter 6	ve ine same legal 607, Florida Statut	es; and that my name

SIGNATURE:

Daytime Phone #