## 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

P95000074030 (4)

| DOCUMENT # P95000074030 (4)  1. Corporation Name SOUTHERN TRACTOR SERVICE, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                  |                                                     |                                                  |                                                                         |
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| Principal Place of Business<br>407 S.W. 40TH TERRACE<br>CAPE CORAL FL 33914                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                          | Mailing Address<br>407 S.W. 40TH TERRACE<br>CAPE CORAL FL 33914                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                  |                                                     |                                                  |                                                                         |
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| 2. Principal Pla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ce of Business                                                                                                                                           | 2a. Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                  | 4. FEI Number<br>65-0594484                         |                                                  | Applied For<br>Not Applicable                                           |
| Suite, Apt. #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | , etc                                                                                                                                                    | Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                  | 5. Certificate of Status Desired                    |                                                  | .75 Additional                                                          |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                          | City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                  | 6. Election Campaign Financing                      |                                                  | ee Required                                                             |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                          | 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                  | Trust Fund Contribution                             |                                                  | .00 May Be                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Country                                                                                                                                                  | Z:p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Country                                                                                                                                                                                          | 8. This corporation has liability for               | •                                                | ers 199.032,                                                            |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 25<br>9. Name and Address of Curre                                                                                                                       | nt Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 30                                                                                                                                                                                               | Fiorida Statutes Yes  10. Name and Address of New F | S No                                             |                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 81 Name                                                                                                                                                                                          | 10, 11011                                           | . togisterou Agotti                              |                                                                         |
| CRUMP,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 82 Street Add                                                                                                                                                                                    | Iress (P.O. Box Number is Not Acceptat              | ble)                                             |                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | . 40TH TERRACE<br>ORAL FL 33914                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                  |                                                     |                                                  |                                                                         |
| UAPE U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OUNT LE 20914                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 83                                                                                                                                                                                               |                                                     |                                                  |                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 84 City                                                                                                                                                                                          |                                                     | FL 85                                            | Zip Code                                                                |
| or registere<br>familiar with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | o the provisions of Sections 607,050<br>id agent, or both, in the State of Flor<br>i, and accept the obligations of, Sec                                 | ida. Such change was author<br>thon 607.0505, Florida Statuti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ized by the corporation's boa<br>es.                                                                                                                                                             | ard of directors. I hereby accept the app           | irpose of changing<br>pointment as régiste       | ered agent. Lam                                                         |
| or registere<br>familiar with<br>SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | of agent, or both, in the State of Flor<br>n, and accept the obligations of, Sec<br>signific tiped or pulled have of registered upor                     | ida Such change was authorition 607.0505, Florida Statut<br>Long the fact of the control of the co | ized by the corporation's bodies.  Silk Reported April 5 patricing in                                                                                                                            | ard of directors. I hereby accept the app           | DATE FICERS AND DIREC                            | CTORS IN 12                                                             |
| or registere familiar with SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | of agent, or both, in the State of Flor<br>n, and accept the obligations of, Sec<br>signific tiped or pulled have of registered upor                     | ida Such change was author<br>thon 607.0505, Florida Statuti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ized by the corporation's bodies.  SOIL Represed April 5 mature requirements.  13.  1 1 11*LF                                                                                                    | and of directors. Thereby accept the app            | pointment as registe                             | CTORS IN 12                                                             |
| or registere familiar with SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | of agent, or both, in the State of Flor n, and accept the obligations of, Sec  OFFICERS AN  CRUMP, HARRY  407 SW 40TH TERRACE                            | ida Such change was authorition 607.0505, Florida Statut<br>Long the fact of the control of the co | ized by the corporation's bodies.  Silk Reported April 5 patricing in                                                                                                                            | and of directors. Thereby accept the app            | DATE FICERS AND DIREC                            | CTORS IN 12                                                             |
| or registere familiar with SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | of agent, or both, in the State of Flor n, and accept the obligations of, Sec  OFFICERS AN  D  CRUMP, HARRY  407 SW 40TH TERRACE  CAPE CORAL FL 33914    | ida Such change was authorition 607.0505, Florida Statut<br>Long the fact of the control of the co | ized by the corporation's bod<br>es.  13.  1 1 11'LF  12 NAME                                                                                                                                    | and of directors. Thereby accept the app            | DATE FICERS AND DIREC                            | CTORS IN 12                                                             |
| or registere familiar with SIGNATURE  12.  ITLE  IAME  STREEF ADDRESS  DITY-ST-ZIP  ITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | od agent, or both, in the State of Flor n, and accept the obligations of, Sec  OFFICERS AN  D  CRUMP, HARRY  407 SW 40TH TERRACE  CAPE CORAL FL 33914  D | ida Such change was authorition 607.0505, Florida Statut<br>Long the fact of the control of the co | ized by the corporation's bodies.  13. 1 110'LF 12 NAME 13 STHEET ADDRESS                                                                                                                        | and of directors. Thereby accept the app            | DATE FICERS AND DIREC                            | CTORS IN 12                                                             |
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| or registere familiar with SIGNATURE.  12.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111.  111. | od agent, or both, in the State of Flor n, and accept the obligations of, Sec  OFFICERS AN  D  CRUMP, HARRY  407 SW 40TH TERRACE  CAPE CORAL FL 33914  D | ida Such change was authorition 607.0505, Florida Statuti  Lice the day cases: ( VO DIRE CTORS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ized by the corporation's bodies.  13.  1 11'LF  12 NAME  13 STREET ADDRESS  14 CITY-SY-ZIP  2 1 TITLE  22 NAME  23 STREET ADDRESS                                                               | and of directors. Thereby accept the app            | DAYE  DAYE  FICERS AND DIRECT                    | CTORS IN 12                                                             |
| or registere familiar with signature.  12.  11LF  11LF  13THE  13THE  14THE  14 | D CRUMP, HARRY 407 SW 40TH TERRACE CAPE CORAL FL 33914 D WATSON, RICHARD D 407 SW 40TH TERRACE CAPE WATSON, RICHARD D 407 SW 40TH TERRACE                | ida Such change was authorition 607.0505, Florida Statuti  Lice the day cases: ( VO DIRE CTORS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ized by the corporation's bodies.  13.  1 11'LF  12 NAME  13 STREET ADDRESS  14 CITY-57-7IP  2 1 TIPLE  22 NAME                                                                                  | and of directors. Thereby accept the app            | DAYE  DAYE  FICERS AND DIRECT                    | CTORS IN 12  ge Addition                                                |
| or registere familiar with SIGNATURE.  12.  11LF  11LF  12LF  13LF  13LF | D CRUMP, HARRY 407 SW 40TH TERRACE CAPE CORAL FL 33914 D WATSON, RICHARD D 407 SW 40TH TERRACE CAPE WATSON, RICHARD D 407 SW 40TH TERRACE                | ida Such change was authorition 607.0505, Florida Statuti  DELETE  DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 13.                                                                                                                                                                                              | and of directors. Thereby accept the app            | DATE FICERS AND DIREC Chan                       | CTORS IN 12 ge Addition                                                 |
| OF FEGISLER  FIGNATURE  ITLE  ITTLE  I | D CRUMP, HARRY 407 SW 40TH TERRACE CAPE CORAL FL 33914 D WATSON, RICHARD D 407 SW 40TH TERRACE CAPE WATSON, RICHARD D 407 SW 40TH TERRACE                | ida Such change was authorition 607.0505, Florida Statuti  DELETE  DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ized by the corporation's bodies.  13.  1 1 Title  12 NAME  13 STREET ADDRESS  14 CITY ST-ZIP  2 1 TITLE  2 2 NAME  2 3 STREET ADDRESS  2 4 CITY ST-ZIP  3 1 TITLE  3 2 NAME  3 3 STREET ADDRESS | and of directors. Thereby accept the app            | DATE FICERS AND DIREC Chan                       | CTORS IN 12  ge Addition                                                |
| OF FEGISLER  FILE  | D CRUMP, HARRY 407 SW 40TH TERRACE CAPE CORAL FL 33914 D WATSON, RICHARD D 407 SW 40TH TERRACE CAPE WATSON, RICHARD D 407 SW 40TH TERRACE                | ida Such change was authorition 607.0505, Florida Statuti  DELETE  DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ized by the corporation's bodies.  13.  1 1 Title 12 NAME 13 STREET ADDRESS 14 CITY-SY-7P 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZP 3 1 TITLE 32 NAME                                    | and of directors. Thereby accept the app            | DATE FICERS AND DIREC Chan                       | ored agent. Larn  CTORS IN 12  Ige Addition  Ge Addition                |
| or registere<br>familiar with<br>SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D CRUMP, HARRY 407 SW 40TH TERRACE CAPE CORAL FL 33914 D WATSON, RICHARD D 407 SW 40TH TERRACE CAPE WATSON, RICHARD D 407 SW 40TH TERRACE                | ida Such change was authorition 607.0505, Florida Statuti  Ling the late of th   | 13.                                                                                                                                                                                              | and of directors. Thereby accept the app            | DATE FICERS AND DIREC Chan                       | ored agent. Larn  CTORS IN 12  Ige Addition  Ge Addition                |
| OF register familiar with SIGNATURE.  12.  ITHE STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D CRUMP, HARRY 407 SW 40TH TERRACE CAPE CORAL FL 33914 D WATSON, RICHARD D 407 SW 40TH TERRACE CAPE WATSON, RICHARD D 407 SW 40TH TERRACE                | ida Such change was authorition 607.0505, Florida Statuti  Ling the late of th   | 13.                                                                                                                                                                                              | and of directors. Thereby accept the app            | DATE FICERS AND DIREC Chan                       | ored agent. I am  CTORS IN 12  Ige Addition  Ge Addition                |
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Harry E. Crump 5/15/96 941-540-1433