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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P95000077419 (6) **DOCUMENT #**

TERRYIC STOP-M-CAVE INC

I LIIIII	O OTOPINOAVE, INC.							
Principal Place	of Business	Mailing Address				ft ma art ma rtt 6 06	## 10001 01001 #1016 1011 10 1 4	
4116 PINE FOREST RD CANTONMENT FL 32533		4116 PINE FOREST RD CANTONMENT FL 32533						
					3. Date Incorporated or Qualified 09/28/1995	3a. Date o	of Last Report	
Principal Place of Business The Principal Place of Business		2a. Mailing Address 26			4. FEI Number 59-3338 76 2	₹	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	Pal dolog kind bo		
Z _I p 24	Country 25	Zip 29	Country 30		8. This corporation has liability for Florida Statutes	intangible tax	under s 199.032,	
	9. Name and Address of Curren		· •		10. Name and Address of New F		gent	
			81	Name				
BLANCHARD, VICTORIA A 4116 PINE FOREST RD			82	Street Addr	ress (P.O. Box Number is Not Acceptat	ole)		
	NMENT FL 32533		83					
			84	City	7779 - 18 May 19 - 11 - 12 - 12 - 12 - 12 - 12 - 12 -	FI	85 Zip Code	
11. Pursuant to or registere familiar with SIGNATURE.	o the provisions of Sections 607.0502 od agent, or both, in the State of Floric n, and accept the obligations of, Secti	and £07.1508, Florida Stat da. Such change was autho on 607.0505, Florida Statut	utes, the above na rized by the corpo es.	amed corpor ration's boar	ation submits this statement for the pured of directors. I hereby accept the app	rpose of chan ointment as r	ging its registered office egistered agent. I am	
6	Signature, typed or printed name of registered agent		NOTE: Registered Agent	signature require	d when reinstaling)	DATE		
12.	OFFICERS AND		13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFF		·	
TITLE	-		1. 1 TITLE		•	LJ	Change [] Addition	
NAME CIRELL ADDRESS	BLANCHARD, VICTORIA A 1641 WINSTON ST		1.2 NAME			•		
STREET ADDRESS	CANTONMENT FL 32533		1.3 STREET A					
CITY-ST-ZIP TITLE	DELI		1.4 CITY-ST-ZIP 2 1 TITLE				Change [] Addition	
NAME	Figure		22 NAME				Silvings []	
STREET ADDRESS			23 STREET A	ADDRESS				
CITY-ST-ZIP			24 CITY - ST	- 21P				
TITLE	The second secon		3 1 TITLE				Change 🔲 Addition	
NAME			3.2 NAME					
STREET ADDRESS			33 STREET	ADDRESS				
CITY-ST-ZIP			3.4 CITY - S1	- 21P				
TITLE		[]] DELETE	4. 1 TITLE				Change 🔲 Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET A	ADDIRESS				
CITY-S1-ZIP		FT DELETE	4.4 CITY - S1	- ZiP		Fire		
THILE		DELETE	5 1 7171.6			L.J	Change (1) Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET A					
CITY-ST-ZIP THLE		DELETE	5 4 CITY - ST 6. 1 TITLE	- ZIP		<u>-</u>	Change	
		L.J parent					, one ige Addition	
NAME STREET ADDRESS			6.2 NAME	ADDRESS				

CITY-S1-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DETUNE CO DON DELLO UICHAIS A BIANDANCE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.3094 904-478-327)
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