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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000077802 (3)

LIBELLE CORPORATION

Principal Place of Business

Mailing Address

141 - STH STREET N.W. #300 WINTER HAVEN FL \$3880

141 - 5TH STREET N.W. #300 WINTER HAVEN FL 33881-4645

## **FILED** Jun 05 1997 8:00am Secretary of State



21       26       59-3339775       In Sulte, Apt. #, etc.         Sulte, Apt. #, etc.       5. Certificate of Status Dosired       \$8.75         22       27       Fee F         City & State       6. Election Campaign Financing       \$5.00	Applied For Not Applicable Additional Required May Be of to Fees
28. Mailing Address 29. Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  City & State  City & State  Zip  Country  B. This corporation has liability for iptangible tax under Florida Statutes  Xives No  No  Name and Address of Current Registered Agent  WILSON, KERRY M  141 - 5TH STREET N.W. #300  WINTER HAVEN FL 33880	Not Applicable Additional Required  D May Be d to Fees s. 199.032.
21	Not Applicable Additional Required  D May Be d to Fees s. 199.032.
Sulte, Apt. #, etc.  27  City & State  City & State  28  Zip  Country  B. This corporation has liability for igtangible tax under Florida Statutes  Xives No  P. Name and Address of Current Registered Agent  WILSON, KERRY M  141 - 5TH STREET N.W. #300  WINTER HAVEN FL 33880	Additional Required  May Be to Fees s. 199.032.
27 City & State Trust Fund Contribution Added Trust Fund Contribution Added City Country Country Added City Country Country State Country St	Required  O May Be of to Fees s. 199.032.
27 Fee F City & State City & State 28 Country 29 Country 21p Country 25 29 30 Florida Statutes Plorida Statu	O May Be d to Fees s. 199.032,
28 Trust Fund Contribution Added  Zip Country Zip Country 8. This corporation has liability for intengible tax under  Plorida Statutes Yes No  9. Name and Address of Current Registered Agent  WILSON, KERRY M  141 - 5TH STREET N.W. #300  WINTER HAVEN FL 33880	d to Fees s. 199.032,
Zip Country Zip Country 2	s. 199.032,
25 29 30 Florida Statules Yes No  9. Name and Address of Current Registered Agent  WILSON, KERRY M  141 - 5TH STREET N.W. #300 WINTER HAVEN FL 33880  Florida Statules  10. Name and Address of New Registered Agent  Name  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)	
9. Name and Address of Current Registered Agent  WILSON, KERRY M  141 - 5TH STREET N.W. #300  WINTER HAVEN FL 33880  10. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)	Code
WILSON, KERRY M 141 - 5TH STREET N.W. #300 WINTER HAVEN FL 33880  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)	Code
141 - 5TH STREET N.W. #300 WINTER HAVEN FL 33880  82 Street Address (P.O. Box Number is Not Acceptable)	Code
WINTER HAVEN FL 33880	Code
	Code
83	Code
	Code
84 City 85 Zig	0000
FL   T   T   T   T   T   T   T   T   T	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both. In the State of Florida, Such change was authorized by the corporation's board of directors. I bereby accept the appointment a	its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	a registered
SIGNATURE	
Signature, typed or printed mame of registered agent and little if applicable. (NOTE Registered Agent a gnature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	7
	☐ Addition
NAME POLLARD, DONALD H 1.2 NAME	•
STREET ADDRESS 219 LAKE HARTRIDGE DRIVE 1.3 STREET ADDRESS	į
CITY-ST-ZIP WINTER HAVEN FL 33881 1.4 CITY-S1-ZIP	
TITLE DELETE 21 TITLE Change	Addition
NAME 2.2 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP 2. 4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE Change	☐ Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-SI-ZIP 34. CITY-SI-ZIP	
TITLE DELETE 41 TITLE Change	Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-2IP 4.4 CITY-S1-2IP	
TITLE DELETE 5.1 TITLE Change	☐ Addition
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change	Addition
	☐ ¥00⊞0H
NAME 62 NAME	ļ
STREET ADDRESS 6.3 STREET ADDRESS	
64 CITY-ST-ZIP  14. Ldo hereby certify that the information symptical with this filling does not qualify for the everyption stated in Section 119 07/2)(i) Florida Statutes I further could the	

Information indicated on this annual report or supplemental annual report as five 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 dustee 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.

941.051.69112