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CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P95000080829 (1) **DOCUMENT #**

ADMISSION FOR ONE, INC.

Mailing Address Principal Place of Business 1327 HAVEN BEND 1327 HAVEN BEND **TAMPA FL 33613 TAMPA FL 33613** 3a. Date of Last Report 3. Date incorporated or Qualified 10/20/1995 Applied For 2. Principa' Place of Business 2a. Mailing Address Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5 Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State П Added to Fees Trust Fund Contribution 28 23 Country Country 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) CATON, RONALD L 82 1327 HAVEN BEND 83 **TAMPA FL 33613** Zio Code 85 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agest's greature required when remaining) Signature, typed or printed name of registered agent and this if application ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TILLE Talle 1.2 NAME CATON, RONALD L NAME 1327 HAVEN BEND 1.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33613** 14 CITY - ST- ZIP C(1Y - ST - Z(P ☐ Add-tion Change DELETE 2.1 TIT: F TITLE 22 NAME BEDFORD, FREDERICK R NAME 2.3 STREET ADDRESS 7501 WOODLAND OAKS CT STREE! ADDRESS 2.4 CrTY - ST - ZiP **TAMPA FL 33615** CITY-ST-ZIP Addition Change DELETE 3 1 TIFLE TIT; E NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 City - \$1 - 7iF 0:1Y-S1-ZiP Change Addition DELETE 4. 1 TITLE THUE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

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 are 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, o

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

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5 4 CITY - ST - ZIP

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