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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

| DOCU 1. Corporation SCI D | n Name | # P9500 MENT, INC. | · - | | | | | | | | | |
|--|---|---|--|---|-------------------|-----------------------|-----------------------|--|----------------------------|-----------------------------|---|----------|
| 38521 U.S. | Principal Place of Business 38521 U.S. HIGHWAY 19, NORTH PALM HARBOR FL 34684 | | | Mailing Address 38521 U.S. HIGHWAY 19, NORTH PALM HARBOR FL 34684 | | | | | | | | |
| | | | | | | | | Date Incorporated or Qualified 10/31/1995 | 3a. Dal | te of Last I | Report | |
| | | | | 2a. Maiing Address 26 | | | | 4. FEI Number | | T | Applied For | |
| 21 | | | | | | | | 59-3342346 | | ļ | Not Applicab | ю |
| Suite, Apt. | Suite, Apt. #, etc. | | | Surte, Apt. #, etc | | | | 5. Certificate of Status Desired | | | 5 Additional | |
| City & State | | | | City & State | | | | A 811 11 6 | | | Required | |
| 3 | | | 28 | * | | | | Election Campaign Financing Trust Fund Contribution | | | 00 May Be | |
| Zip | | Country | Zip | | | | | 8. This corporation has liability for | intanoible t | | ed to Fees | |
| 24 | 25 | | | 30 | | | | Florida Statutes 🔀 Yes 🗌 No | | | | |
| | 9. Name | and Address of Currer | it Registered Agen | | 81 | 1 Name | | 10. Name and Address of New | Registered | Agent | | |
| GLASG | OW LIND | 8 | | | 01 | Name | | | | | | |
| GLASGOW, LINDA 38521 U.S. HIGHWAY 19, NORTH PALM HARBOR FL 34684 | | | | | 82 | Street | Addres | s (P.O. Box Number is Not Accepta | ole) | | | |
| | | | | | | | | 77774 | | | TE | |
| | | | | | ļ <u>.</u> | 45 | | | | | | |
| | | | | | 84 | | | | FL | | 'ip Code | |
| SIGNATURE | | both, in the State of Flori pt the obligations of, Sect or printed name of registerial appril | and the second of the second | Olditolo. | | | | on submits this statement for the pu of directors. Thereby accept the app | | anging its registered | registered offi d agent, I am | .e |
| 12. | | OFFICERS AN | management with the company of the c | | | | required w | ADDITIONS/CHANGES TO OFF | DATE |) DIDECT | ODD IN 10 | _ |
| TITLE | T | | F) be tre | | | 1 1 11TLE | | · · | | | Addition | - |
| NAME | | | | 1.2 | NAME | | An | drew J. Mayts | | | AX | |
| STREET ADDRESS | | | | 1.3 | STHEET | ADDRESS | 28 | 73 Orange Grove Wa | v | | | |
| THILE | | | () | 1.4 CHY-S | | 1 - ZIP | . Pa | 1m Harbor, FL 3468 | Ž | | | |
| NAME | | | רַ ן טנו | DELETE 2 1 TO | | | v | | . [| Change | XX Addition | |
| STREET ADDRESS | | | | | NAME George | ADDRESS | Ed | ward C. Gavarny | | | | |
| CITY-ST-ZIP | | | | 24 CIT | | | | 25 9th Avenue | | | | |
| TITLE | | | ☐ DEI | | Thie | | Ne | w_Port_Richey,_FL_ | 34653_ | Change | XX Add tion | — |
| NAME | | | | 32 | NAME | | | rry A. Rhodes | | | XX | |
| STREET ADDRESS | i | | | 3 3. | STREET | ADDRESS | | 103 Mink Run | | | | İ |
| CITY-ST-ZIP TITLE | | | FIRE | F 4- | CITY-S | 1 - 2 1P | _Hu | dsonFL_34669 | | | | |
| NAME | | | DEI | i | TITLE | | T~ | S | [| Change | XX Addition | |
| STREET ADDRESS | | | | | NAME | ADDDCCC | An | drew J. Mayts Jr. | | | | |
| CITY-ST-ZIP | | | | 1 | SITY-S | ADDRESS | | l Verne Street | | | | |
| TITLE | | | DEI | F 7 C | TITLE | 1-71 | 19 | mpa, FL 33606 | | Change | Addition | \dashv |
| NAME | | | | • | NAME | | | | · | | [| - |
| STREET ADDRESS | | | | 5.3 | STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | ···· | | ····· | | OTY-S | 1 - 7 iP | | 1911 | | | | |
| TITLE | | | ☐ DEL | 1 | TITLE | | | 1911 | | Change | ☐ Addition | 7 |
| NAME STREET ADDRESS | | | | | NAMÉ | | | | | | | |
| CITY-ST-ZIP | | | | I | | ADDRESS | | | | | | |
| 14. I do hereby | certify that | the information supplied v | vith this filing is volunt | arily furnished and | lity-\$ I does | | lify for t | he exemption stated in Section 119. | 07/3)/I/\ E14 | rida Ctat | too I findbio | 4 |
| oath; that I | am an office | ion indicated on this annu er or director of the corpoi Block 12 il changed, or e | al reabit or supplems ration or the receiver an attachmen with | or to stee empow | is tru gred t | e and ac o execute | curate a e this re | ne exemption stated in Section 119, and that my signature shall have the aport as required by Chapter 607, Fli | same legal orida Statut | effect as it es; and the | les, i luriner I made under at my narne | |

SIGNATURE:

NATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-934-2317