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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000083512 (0)

WIGGINS, BOOTH & COMPANY, P.A.

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Principal Plac	e of Business	S	Mailir	ng Address		·			I INDIANUMA FAN SEIDH BINIS ANNA ÚSAIL Ó		98 IIIO(811 0)	1014 MAN 1401
30 FOURTH STREET SW 30 FOURTH STREET SW												
WINTER HAVEN FL 33880 WINTER HAVEN FL 33880					0				DO NOT WRITE	E IN THIS	SPACE	
								<u> </u>	3. Date Incorporated or Qualified			
									10/27/1995			
2, Principal P	lace of Busin	ess		2a. Mailing Address					4. FEI Number		·	Applied For
21	# -1-		26	· · -					65-0617376			Not Applicable
Suite, Apt.	#, 6 1C.		<u> </u>	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required
City & State	e			City & State					6. Election Campaign Financing			O May Be
23			28					_,	Trust Fund Contribution		•	d to Fees
Zip		Country	Zi	þ	├ ─	untry		1	8. This corporation owes or has pa			
24		25 and Address of Curre	29 Int Register	ed Agent	30	1			Personal Property Tax due June 0. Name and Address of New Re		X Yes	∐ No
1947			Hieron			81	Name		At Alle Contant At 1101 III	8.5.0.00		
WIGGINS, TURNER A 30 4TH ST NW						82		ddrass	ess (P.O. Box Number is Not Acceptable)			
	VITER HAVE					oreer Ac	ess	EIGESSA JOH SI TEURIUM KOO -C- TJ				
						63				•		
						84	City	· • • • • • • • • • • • • • • • • • • •		FL	85 Zi	o Code
11. Pursuant	to the provisi	ons of Sections 607.05	02 and 607.	1508, Florida Statu	tes, the a	bove	-named c	corporat	ion submits this statement for the	ourpose o	f 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.												s registered
SIGNATURE			-									
.,	Signature, typod	or printed name of registered at OFFICERS AT		`		_ <u>-</u> -	nt signature re	equired wh	nen reinstating)	DATE OF DC AN	D DIDEOT	NDC (N. 40
12.	D	Or I CENS AI	ND DINFOIC	DELETE	13.				ADDITIONS/CHANGES TO OFFI	CERS AN	Change	
NAME	_	S, TURNER A				IAME	1					
STREET ADDRESS		RTH STREET SW			1.3 5	TREET :	ADDRESS					
CITY+ST-ZIP		HAVEN FL 33880			1.40	HY-ST	-ZIP					i
TITLE	D			DELETE	2.11	ITLE					☐ Change	☐ Addition
NAME		ROBERT C			2.2 1	NAME						
STREET ADDRESS	-	RTH STREET SW					ADDRESS					
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STREET ADDRESS					1		ADDRESS		į.			
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NAME					4. 2 (NAME						
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STREET ADDRESS							ADDRESS					
CITY-ST-ZIP TITLE	····			DELETE	6.1 T	HTY-ST	- 217				Change	Addition
NAME					6.2 N							
STREET ADDRESS					1		ADDRESS					
OUT OF THE						NTW CT	710					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CICMATUDE.

h. A.11.

Turner A Wiggins

4/17/08

Q411- 260 . Ones

FILED

May 13 1998 8:00am

Secretary of State