## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Country 2. Zip 2. Country 2. Zip 2. Country 2. Zip 2. Country 3. Name and Address of Current Registered Agent  2. BROOKS, MARK A 1614 MCKENZIE RD. 2. SOUTHPORT FL 32409  2. Mailing Address 4. FEI Number 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution  2. Country 3. Name and Address of Current Registered Agent 4. FEI Number 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution  1. Name and Address of New Registered 8. This corporation owes or has paid the current Property Tax due June 30.  8. This corporation owes or has paid the current Property Tax due June 30.  8. This corporation owes or has paid the current Property Tax due June 30.  8. This corporation owes or has paid the current Property Tax due June 30.  8. This corporation owes or has paid the current Property Tax due June 30.  8. This corporation owes or has paid the current Property Tax due June 30.  8. This corporation owes or has paid the current Property Tax due June 30.  8. This corporation owes or has paid the current Property Tax due June 30.  8. This corporation owes or has paid the current Property Tax due June 30.  8. This corporation owes or has paid the current Property Tax due June 30.  8. This corporation owes or has paid the current Property Tax due June 30.  8. This corporation owes or has paid the current Property Tax due June 30.  8. This corporation owes or has paid the current Property Tax due June 30.  8. This corporation owes or has paid the current Property Tax due June 30.  8. This corporation owes or has paid the current Property Tax due June 30.  8. This corporation owes or has paid the current Property Tax due June 30.  8. This corporation of Property Tax due June 30.  8. This corporation of Property Tax due June 30.  8. This corporation of Property Tax due June 30.  8. This corporation of Property Tax due J	
Principal Place of Business PO 80X 553 LYNN HAVEN FL 32444  DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 3a. D 1//30/1995 07  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 Suite, Apt. #, etc. 22 27 City & State City & State 28 Country 29 29 30  Resonal Property Tax due June 30. 9. Name and Address of Current Registered Agent BROOKS, MARK A 1614 MCKENZIE RD. SOUTHPORT FL 32409  83  84 City FL  STEEL HAMBER STREET ADDRESS (P.O. Box Number is Not Acceptable)  84  Street Address (P.O. Box Number is Not Acceptable)	
PO BOX 553 LYNN HAVEN FL 32444  PO BOX 553 LYNN HAVEN FL 32444  DO NOT WRITE IN THIS  3. Date Incorporated or Qualified Sa. D  10/30/1995  07  2. Principal Place of Business  2a. Mailing Address  59-3349334  Suite, Apt. #, etc.  59-3349334  Suite, Apt. #, etc.  50 Certificate of Status Desired City & State  City & State  City & State  City & State  27  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  B. This corporation owes or has paid the cure Personal Property Tax due June 30.  9. Name and Address of Current Registered Agent  BROOKS, MARK A  1614 MCKENZIE RD.  SOUTHPORT FL 32409  11. Pursuant to the provisions of Sections 602 0502 and 602 1508 Elevida Statutes, the above pamed corporation submits his statement for the purpose.	
LYNN HAVEN FL 32444  LYNN HAVEN FL 32444  DO NOT WRITE IN THIS  3. Date incorporated or Qualified 3a. D  10/30/1995 07  2. Principal Place of Business 2a. Mailing Address 4. FEI Number  25 26 Suite, Apt. #, etc. 27 City & State City & State City & State City & State 28 Zip Country Zip Country Zip Country Zip Country Alignment Address of Current Registered Agent  BROOKS, MARK A 1814 MCKENZIE RD. SOUTHPORT FL 32409  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the showen armed corporation submits this statement for the purposes.	INN EISNY INIÚN NIÚN INIÚ SÁN.
DO NOT WRITE IN THIS  3. Date Incorporated or Qualified 3a. D  10/30/1995  2. Principal Place of Business  2a. Mailing Address  25. Suite, Apt. #, etc.  26. Suite, Apt. #, etc.  27. City & State  28. City & State  29. Country  29. Zip  20. Country  21. Zip  22. Country  23. Country  24. Fel Number  5. Certificate of Status Desired  Trust Fund Contribution  26. Election Campaign Financing Trust Fund Contribution  27. Country  28. This corporation owes or has paid the cupersonal Property Tax due June 30.  9. Name and Address of Current Registered Agent  BROOKS, MARK A  1614 MCKENZIE RD.  SOUTHPORT FL 32409  83. Street Address (P.O. Box Number is Not Acceptable)  FL. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-pamed corporation submits this statement for the purpose of the purp	
2. Principal Place of Business  2. An Mailing Address  2. Principal Place of Business  2. Mailing Address  3. FEI Number  59-3349334  5. Certificate of Status Desired  6. Election Campaign Financing  Trust Fund Contribution  7. Tup  7. Country  8. This corporation owes or has paid the cup  Personal Property Tax due June 30.  9. Name and Address of Current Registered Agent  8. Name  8. This corporation owes or has paid the cup  Personal Property Tax due June 30.  10. Name and Address of New Registered  8. Name  8. This corporation owes or has paid the cup  Personal Property Tax due June 30.  9. Name and Address of Current Registered Agent  8. Name  8. Name  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)	
2a. Mailing Address 25	ate of Last Report
Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  City & State  City & State  Country  Zip  Country  BROOKS, MARK A  1614 MCKENZIE RD.  SOUTHPORT FL 32409  R3  R4  City  FL  L1 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes the above-named corporation submits this statement for the purpose of the provisions of Sections 607 0502 and 607 1508 Florida Statutes the above-named corporation submits this statement for the purpose of the provisions of Sections 607 0502 and 607 1508 Florida Statutes the above-named corporation submits this statement for the purpose of the	7/10/1996 Applied For
Suite, Apt. #, etc.    Suite, Apt. #, etc.	Not Applicable
City & State  Country  R. This corporation owes or has paid the cupersonal Property Tax due June 30.  R. Name and Address of Current Registered Agent  BROOKS, MARK A  1614 MCKENZIE RD.  SOUTHPORT FL 32409  R3  City  FL  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-paged corporation submits this statement for the purpose of the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-paged corporation submits this statement for the purpose of the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-paged corporation submits this statement for the purpose of	\$8.75 Additional
Trust Fund Contribution  Zip Country Zip Country  8. This corporation owes or has paid the cupersonal Property Tax due June 30.  9. Name and Address of Current Registered Agent  BROOKS, MARK A  1614 MCKENZIE RD.  SOUTHPORT FL 32409  83  64 City  FL  Trust Fund Contribution  Personal Property Tax due June 30.  10. Name and Address of New Registered  85 Street Address (P.O. Box Number is Not Acceptable)	Fee Required
Zip Country Zip Country 2	\$5.00 May Be Added to Fees
Personal Property Tax due June 30.  9. Name and Address of Current Registered Agent  BROOKS, MARK A  1614 MCKENZIE RD.  SOUTHPORT FL 32409  83  84 City  FL  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 the purpos	<del></del>
9. Name and Address of Current Registered Agent  BROOKS, MARK A  1614 MCKENZIE RD.  SOUTHPORT FL 32409  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL	Yes No
1614 MCKENZIE RD. SOUTHPORT FL 32409  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL  11 Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-pamed corporation submits this statement for the purpose of the purpose o	Agent
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 appear. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	es Zip Code changing its registered
SIGNATURE Signature, typod or printed name of registered against and title if applicable (NOTE, Registered Agent signature required when reinstaling)  DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 12
TITLE D DELETE 1.1 TITLE	☐ Change ☐ Addition
NAME BROOKS, MARK A 12 NAME	
STREET ADDRESS 1614 MCKENZIE RD. 1.3 STREET ADDRESS 1.3 STREET ADDRESS	
CITY-ST-ZIP SOUTHPORT FL 32409 14-CITY-ST-ZIP DELETE 2.11TILE	Change Acdition
NAME 22 NAME	Change C Acomo
STREET ADDRESS 23 STREET ADDRESS	
CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE	☐ Change ☐ Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TITLE DELETE 41 TITLE	Change Addition
NAME 4. 2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE	
	Change Addition
NAME 52 NAME 52 NAME 53 STREET ADDRESS 53 STREET ADDRESS	Change Addition
5.3 STREET AUDITIOS  5.4 CITY-ST-ZIP  5.4 CITY-ST-ZIP	Change Addition

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this inhual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath 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 Statules; and that my name appears in Block 180 Block 190 if changed, or on an altachment with an address.

6.2 NAME 6.3 STREET ADDRESS

DELETE

NAME

STREET ADDRESS

6 of 16 1992 850 - 765-1664

**FILED** 

Sep 22 1997 8:00am