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 # P95000092687 (9)

PILOCK CORPORATION

Principal Place of Business Mailing Address 16784 U.S. HIGHWAY 331 SOUTH 424 TAUNTON ROAD FREEPORT FL 32439 FREEPORT FL 32439									
						3. Date Incorporated or Qualified 12/04/1995		ate of Last Re	eport
Principal Place of Business 2a. Mailing Address						4, FEI Number			plied For
21		26				59-3376436			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A Fee Re	
City & Stat	te	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 24	Country 25	Zip 29	Cour	ntry		8. This corporation has liability for Florida Statutes		tax under s.	. 199.032,
	9. Name and Address of Curre		1991			10. Name and Address of New Ro	egistered	Agent	
BAT	ES, STAN			81	Name				
16784 U.S. HIGHWAY 331 SOUTH FREEPORT FL 32439				82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)	·-····································	
1116	CLOTH L DE 100		İ	83					
				84	City		FL	85 Zip (Code
office or agent La	registered agent, or both, in the Statem familiar with, and accept the obligant familiar with, and accept the obligant familiar with a printed hance of registered a	tm-				poration submits this statement for the cion's board of directors. I hereby access ed when reinstating)	purpose o	pointment as	registered
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	IS IN 12
TITLE	_			1.1 TITLE				☐ Change	☐ Addition
NAME	BATES, STAN		1,2 NA						
STREET ADDRESS	424 TAUNTON ROAD FREEPORT FL 32439				ADDRESS				
CITY-ST-ZIP TITLE	D	DELETE	1.4 CIT 2.1 TIT		-217			Change	Addition
NAME	TAUNTON, F.L.		2.2 NA	2.2 NAME		•	n di	•	
STREET ADDRESS	424 TAUNTON ROAD		2.3 ST	REET A	ADDRESS				
CITY-ST-ZIP	FREEPORT FL 32439		2. 4 CI		T-ZIP				
TITLE		☐ DELETE	3.1 TIT					Change	Addition
NAME PROFES ADDROSS			3.2 NA		ADDRESS				
STREET ADDRESS CITY+ST-ZIP			33 SII						į
TITLE		DELETE	4.1 TIT					Change	Addition
NAME			4 2 N	AME					
STREET ADDRESS			4.3 ST	AEET #	ADDRESS				
CITY-ST-ZIP		The service of the se	4.4 CIT		- ZIP			<u> </u>	
TITLE		☐ DELETE	5.1 TIT					☐ Change	Addition
NAME STREET ADDRESS			5.2 NA		ADDDCCC				
CITY-ST-ZIP			5.3 ST		ADDRESS 1.71P				
TITLE		☐ DELETE	6.4 CH		- £11			☐ Change	Addition
NAME			6.2 NA					_ •	
STREET ADORESS			6351	RFFT A	ADDRESS				

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 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97

Daylings Phone +

FILED

Feb 06 1997 8:00am

Secretary of State