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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600001119 (2)

WALKER & SMITH, P.A.

FILED Feb 10 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address			T ON DISEAL THE RUTTO BULL BOTTLE BOTTLE BOSTLE BOTTLE BOTTLE BOTTLE BOTTLE BOTTLE BOTTLE BOTTLE BOTTLE BOTTLE			
1330 THOMASVILLE ROAD		1330 THOMASVILLE RO	AD					
TALLAHASSEE FL S2303		TALLAHASSEE FL 3230						
					2 0-4-1	9n Det :: (1 -	of Deport	
					3. Date Incorporated or Qualified 01/04/1996	3a. Date of La	st Heport	
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 26		26					Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.7	75 Additional	
22		27					e Required	
City & State		City & State			6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·		
23		Zip Country			Trust Fund Contribution			
Zip	Country	Zip	\vdash	шу	8. This corporation has liability for i	ntangible tax und] Yes : [] No	er s. 199.032,	
24	9. Name and Address of Curren	nt Registered Agent	[30]		10. Name and Address of New Reg			
CIAI CIAI		in negistered Agoin		81 Name		,		
	ITH, J. LAYNE							
	O THOMASVILLE ROAD LAHASSEE FL 32303		82 Street Add		lress (P.O. Box Number is Not Acceptab	le)		
IAL	TWUMODEE LF 35303			B3				
		•	ļ	B4 City		FL 85	Zip Code	
11 Durayant	to the previous of Sections 607.004	02 and 607 1508 Florida Stat	utes the ah		poration submits this statement for the p	urnose of changi	no its registered	
affina ar r	contetered except or both in the State	o of Horida, Such change wa	e authorizeo	Lby the cornors	ation's board of directors. I hereby accept	of the appointmen	il as registered	
agent. La	im familiar with, and accept the oblig	gations of Section 607.0505,	Florida Siait	Jies.				
SIGNATURE	Signature typed or profed name of registered an	need an et title dearenth at do th	OL: Ren stered	Ament signature read	uired when reitistating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12	
TITLE	D	DELETE	1,1 TII	LE		Cha	nge 🔲 Addition	
NAME	WALKER, CLAUDE R		1.2 NA	ME				
STREET ADDRESS	1330 THOMASVILLE ROAD		1.3 \$16	REEL ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32303		1.4 CIT	Y-SI-7IP				
TITLE	D	☐ DELETE	2 1 717	1 F		☐ Cha	inge 🔲 Addition	
NAME	SMITH, J. LAYNE R		2 2 NA	ME				
STREET ADDRESS	1330 THOMASVILLE ROAD		2 3 S1	REET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32303		2 4 01	1Y - S1 - ZIP				
TITLE		DELETE	3 1 111	LF		☐ Cha	inge 🔲 Addition	
NAME			3.2 NA	ME				
STREET ADDRESS			3381	KEFT ADDRESS				
1			3.4 CI	TY-ST-ZIP				
CITY - ST - ZIP			0 7 01	11 01 10				
CITY-ST-7IP TITLE		DELETE	4.1 711			Cha	inge 🔲 Addition	
		DELETE		LF		Cha	ange L Addition	
TITLE		DELFTE	4.1 Til 4. 2 N/	LF		☐ Cha	ange 🔲 Addition	
TITLE NAME		DOLETE	4.1 311 4. 2 N 4.3 S3	LF AME		☐ Cha	ange	
TITLE NAME STREET ADDRESS		DELETE	4.1 311 4. 2 N 4.3 S3	LE AME REET ADDRESS LY-S1-ZIE		☐ Cha		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TH 4. 2 N/ 4.3 ST 4.4 CF	LE AME REET ADDRESS LY-S1-ZIF				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			4.1 TH 4.2 N/ 4.3 ST 4.4 CH 5.1 TH 5.2 N/	LE AME REET ADDRESS LY-S1-ZIF				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.1 TH 4. 2 N/ 4.3 ST 4.4 CH 5.1 TH 5.2 N/ 5.3 ST	LE MME REEL ADDRESS (Y-S1-ZIF) LE ME	4		enge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.1 TH 4. 2 N/ 4.3 ST 4.4 CH 5.1 TH 5.2 N/ 5.3 ST	LE AME REEL ADDRESS Y-S1-7IF LE ME REEL ADDRESS IY-S1-7IF			enge Addition	
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TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE		☐ DEIFIE	4.1 Til 4. 2 N/ 4.3 S1 4.4 Cil 5.1 Til 5.2 N/ 5.3 ST 5.4 Cil 6.1 Til	LE AME REEL ADDRESS IY-S1-7IF LE ME REEL ADDRESS IY-S1-7IF LF LF LF LF LF LF LF LF LF L		☐ Cha	enge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 Til 4. 2 N/ 4.3 S1 4.4 Ci/ 5.1 Til 5.2 N/ 5.3 ST 5.4 Ci/ 6.1 Til 6.2 N/ 6.3 S1 6.4 Ci/	LE AME REEL ADDRESS IY-S1-7IP LE ME REEL ADDRESS IY-S1-7IP LE ME REEL ADDRESS IY-S1-7IP	ed in Section 119 07(3)(i). Florida Statute	□ Cha	enge Addition	

4. 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 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 Statutes; and that my name appears in Block 13 if charging of one in a page of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

CIGNATURE.

2/4/17 /904/385: 8000